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To

The Chief Manager / Manager
State Bank of India
Branch

Sir,

Ref:- SB Account No.

Standing instruction for monthly transfer

I maintain a Savings Bank account with your branch in the above referred account number.

I wish to transfer an amount of Rs. (Rupees..... only), everymonth to Savings Bank account number 67326991776 of M. Sukumara Pillai Foundation, with State Bank of India, Palarivattom Town Branch (IFSC – SBIN0070403). I would like to start the transfer from (MM/YYYY) and continue until this standing instruction is withdrawn by me.

I hereby authorize you to debit my account on 10th day of every month to effect the transfer.

Please do the needful.

Thanking you
Yours faithfully,

Place:.....

Signature :.....

Date:.....

Name :.....