



ELECTRONIC FUND TRANSFER AUTHORIZATION FORM

(EFT Credit Entries to receive Payment through BEFTN)

Date:/...../.....

To
Branch Manager
SFIL Finance PLC.
..... Branch

AUTHORIZATION FOR RECEIVING PAYMENT OF INTEREST/ENCASHMENT AMOUNT THROUGH BEFTN

Dear Sir:

I/We hereby authorize SFIL Finance PLC., to credit my/our Monthly/Quarterly/Half Yearly/Yearly interest or encashment amount or amount of loan against deposit through BEFTN service and supplement to my/our account at the bank listed below, or to receive the interest income from the account in connection with the TDR mentioned. This authority will remain in effect until the SFIL is notified by me/us in writing to cancel it or until such discharge of amounts payable in connection with the Term Deposit in the sole satisfaction of SFIL.

Deposit Account No.	
Account Holder's Name	
Bank Account Name	
Bank Account No.	
Bank Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings Others
Bank & Branch Name	
Routing No.	
Mobile No.	
TIN No. (If available)	

I/We do hereby authorize SFIL Finance PLC. to use BEFTN as a method of transfer of any payment due to me.

Applicant 1	Applicant 2	Applicant 3	Applicant 4
Signature (with seal) & Date	Signature (with seal) & Date	Signature (with seal) & Date	Signature (with seal) & Date

CASH TRANSACTION IS STRICTLY PROHIBITED
নগদ লেনদেন সম্পূর্ণ নিষিদ্ধ



SFIL FINANCE PLC.

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