

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

..... BRANCH

## BD-RTGS DEBIT AUTHORIZATION FORM

### BD-RTGS CREDIT INSTRUCTION FOR THE BENEFICIARY

#### Part 1 - Customer Information

Account Number														
Account Name														
Contact Number														
Payment Instruction														

#### Part 2 - Beneficiary Information

Name															
Account Number															
Bank Name								Branch Name							
Amount															
Amount in word															

Address

Street				District				Country			
--------	--	--	--	----------	--	--	--	---------	--	--	--

#### Part 3 - Customer Declaration (must be signed)

I/we hereby declare that this BD-RTGS payment is final, irrevocable and unconditional. I/we authorize Pubali Bank Limited to debit my/our account to initiate credit instruction through BD-RTGS for the beneficiary and if necessary adjustment entries into my /our account are also authorized and allowed by Pubali Bank Limited.

I/we agree this transfer of fund through BD-RTGS is to be made entirely at the risk of the customer(s) without responsibility on the part of Pubali Bank Limited. I/we also agree that Pubali Bank Limited is not liable for any loss which may occur due to errors or delays in the transmission in the transfer of the money. I/we also agree that whole operation under BD-RTGS will follow the system rules of Bangladesh Real Time Gross Settlement (BD-RTGS) provided by Bangladesh Bank.

.....  
**Signature of Applicant**

Date: / /

.....  
**Signature of Applicant**

Date: / /

.....  
**Signature of Applicant**

Date: / /

#### Part 4 - For Branch use only

The Branch has verified and processed the above request

**Processed by** (Signature with date and Seal) :

**Approved by** (Manager's Signature with date and Seal) :

Name	Name
P.A No.	P.A No.
Date	Date