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Dear Sirs,

RE: IRREVOCABLE STANDING PAYMENT ORDER (ISPO) – G60-CFM KTC FACILITY PLAN

I, the undersigned, hereby authorize and instruct **you** to deduct a fixed monthly sum of (..... Thousand Naira only) from my account stated below, in favour of **G60-CFM - KTC (Keeping The Change) Savings & Facility Growth Scheme.**

Membership Category & Contributions

Category	Stat. Cont. (₦)	Months	Target (₦)	Tick✓
PERMANENT MEMBERS (Magistrates)	30,000.00	50	1,500,000.00	
JUDICIAL STAFF	20,000.00	50	1,000,000.00	
THE BAR AND BENCH	15,000.00	50	750,000.00	
F & F (Staff Families & Friends)	10,000.00	50	500,000.00	
SYNERGY GROUPS (Other Coops)	20,000.00	50	1,000,000.00	
STAFF & CONSULTANTS	20,000.00	50	1,000,000.00	

Plan Start Month: _____ **Plan Expiration Month:** _____
Deductions shall apply under my selected category until the full plan term is completed.

Account Details for Deduction

- **Account Name:** G60 ENTERPRISES SERVICES
- **Account Number:** 0511107871
- **Bank Name:** ALTBANK
- **Branch:** AHMADU BELLO WAY

Authorization

I irrevocably authorize [..... **Bank**] to:

1. Deduct the above monthly sum from my account without interruption.
2. Continue deductions for the full plan duration.
3. Remit all deductions directly to **G60-CFM ENTERPRISE SERVICES ACCOUNT.**

This instruction is **binding and irrevocable** until the expiration of my selected KTC plan.

Customer Mandate:

Name: _____
Account No: _____
Plan Selected: _____
Signature & Date: _____

BANK ACKNOWLEDGEMENT

The Managing Consultant
G60-CFM ENTERPRISE SERVICES
High Court Complex Bida Road .
Kaduna Nigeria.

Date.....

Dear Sirs,

**RE: IRREVOCABLE STANDING PAYMENT ORDER (ISPO) – G60-CFM
KTC FACILITY PLAN**

We, acknowledge receipt of this ISPO mandate and do hereby confirm the monthly deductions of from the above account of Of Account with us, as per ruling Bank Operational Conditions for the full plan duration, in line with the terms of the G60-CFM Facility Plan.

Authorized Bank Officer: _____

Designation: _____

Signature & Stamp: _____

Date: _____