Stop Payment/ Statement & Digital Services

midlandbank
bank for inclusive growth

Service Request Form 2

(USE BLOCK LETTERS & CROSS OUT UNUSED SECTIONS)
Please Fill in the Required Section(s) Only

Date	D	D	M	M	Y	Y	Y	Y	Time		AM	PM	Branch / Center Name	

Account Title:	

Account Number					-										

A.	Stop Payment Request / Stop Payment withdrawal request																			
Leaf no From									Leaf no To											
Date									Time			AM	PM	Cheque Amount					BDT	
Reason For Stop Payment	☐ Lost ☐ Misplaced ☐ Personal Reason ☐ Dispute																			

B.	Statement of Account / Bank Solvency Certificate with or without balance																			
Date From										Date To										

Provide Statement / certificate to the bearer named as Mr. / Ms. _____

Bearer's Specimen Signature ..... Customer' Attestation:.....

C.	Digital Services: Please enroll / de-enroll me in the following services of the Bank							
☐	Online Banking enrolment /de-Enrollment	☐	SMS Banking Enrolment	☐	E-Statement Enrolment			
☐	Frequency of E-Statement	☐	Monthly	☐	Quarterly	☐	Half-Yearly	☐ Yearly
☐	E-Statement de-Enrolment	☐	Start sending hard Copy (Half Yearly /Yearly)					

Declaration: I / we have understood, authorized & advised the bank to comply the above instruction.

.....	.....	.....
Signature: 1st Applicant	**Signature: 2nd Applicant**	**Signature: 3rd Applicant**

For Bank Use Only

Customer Physically Present ☐ YES ☐ NO **[If no then complete below Call Back Details:]**

Contact number called: Name of Contacted Person: A/C Holder Only Result of Call Back: ☐ Positive ☐ Negative	Call Made from (MDB number): Date & Time of Call Made:	Call Back CSM/BM **Name Seal & Sign:**

We the undersigned confirm that all the related document(s) has been duly checked & verified, are in order as per MDB OM/SOP/related circulars and all necessary approval(s) are taken:

.....	.....	.....
Verifying Officer CSO Sign & Name Seal	**Authorizing Officer** CSM Sign & Name Seal	**Branch Head Approval** BM Sign & Name Seal