

[illegible]

D	D	M	M	Y	Y	Y	Y
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[illegible]

<input type="checkbox"/> Cash		P/O Amount (GH¢)	<input type="text"/>
<input type="checkbox"/> Cheque	Cheque No. <input type="text"/>	Commission (GH¢)	<input type="text"/>
<input type="checkbox"/> Direct Debit	Account No. <input type="text"/>	Total (GH¢)	<input type="text"/>

I agree that the Bank shall not be liable for any loss or mistake in payment other than to the named payee.

D | D | M | M | Y | Y | Y | Y

Payment Order No.			
CSR's Stamp/ Signature		Authoriser's Signature	