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## Standing Order Request Form

**Date:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Customer Address:** \_\_\_\_\_

**Location #:** \_\_\_\_\_ **Customer #:** \_\_\_\_\_

N.V. Elmar #	Bank name	Customer bank account #
100004087	Aruba Bank N.V.	
100007589	Banco di Caribe N.V.	
100015089	Caribbean Mercantile Bank N.V.	
100001080	Royal Bank of Canada	

- New Standing Order
- Change Standing Order
- Cancel Standing Order

**Customer Signature:** \_\_\_\_\_

*Attached:*

*Valid proof of identification, I.D. Card, Passport or Driver License and a Proof of Bank Account Number*

For internal use only

_____	_____
Employee ID	Signature & Date

Note: In case of NSF for three consecutive months the S.O. will be automatically cancelled.