

Multiple Beneficiary Payment Order

Date: _____
Payment Order No: _____
Prepared By: _____

Payer Details

Name of Organization: _____
Account Number: _____
Bank Name & Branch: _____

Beneficiary & Payment Details

#	Beneficiary Name	Account Number	Bank & Branch	IFSC / SWIFT	Amount (INR)	Remarks
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
Total Amount					_____	

Prepared By

Name & Signature: _____
Checked By

Name & Signature: _____
Authorized Signatory

Name & Signature: _____
Important Notes

- Ensure beneficiary bank details are accurate to avoid transaction failures.
- Verify the total amount before submission to the bank or finance department.
- Obtain signatures/approvals as per organization's internal controls and policies.
- Attach relevant supporting documents where required.
- This document should be kept confidential and used for authorized payments only.