BANKI KUU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

Haile Selassie Avenue, P.O. Box 60000 - 00200, Nairobi, Kenya
Tel: 2861376/7/8, and 3962 Fax: 340192/250783

Originator Code: 1210

VARIABLE DIRECT DEBIT AUTHORITY

Sacco Membership/CBK Staff Number | | | | | | | | | |

FROM:

Member Name: _____

Address: _____

Town: _____

Mobile Tel No. _____

Date_____

ID-No._____

TO:

The Manager

Bank _____

Branch Name_____

Branch Code_____

*Account No. | | | | | | | | | | | | | | | |

*** Refers to member's bank account to which salary/ pension is remitted.**

CREDIT ACCOUNT: 01060 236884 00 in favour of BANKI KUU SACCO SOCIETY LIMITED

Dear Sir/ Madam,

MY BANKI KUU SACCO AGREEMENT DATED ....,

1. I hereby request and authorize you to draw against my account with the above-mentioned bank or any other bank or branch to which I may transfer my account the sum of Kshs. ..... (amount in words) ...., due in respect of the above mentioned agreement, on the **24TH day** of each and every month commencing on ..... and continuing until further written notice from Banki Kuu Sacco Society.
2. I authorize you to increase the above amount automatically, without further reference to me, as you may be advised by **Banki Kuu Sacco.**
3. All such withdrawals from my account by you shall be treated as though they have been signed by me personally.
4. I understand that the withdrawals hereby authorised will be processed by Direct Debit Transfers, and I also understand that details of each withdrawal will be printed on my bank statement and/ or accompanying voucher.
5. I also agree to pay any bank charges relating to this Authority.
6. This Authority may be cancelled by me only with the express permission by Banki Kuu Sacco Society. Further, I understand that I shall not be entitled to a refund of any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to Banki Kuu Sacco. However, if any Direct Debit Transfer is paid which breaks the terms of this authority, you will refund me upon application.
7. This Authority shall be regarded as cancellation of the current standing instruction.
8. I confirm having read and understood the terms and conditions of direct debit transfer and agree to be bound by the same.
9. Receipt of this Authority by you shall be regarded as receipt thereof by my bank (whichever it is or will be).
10. I confirm that my signature and details hereon are correct.

Signed

.....Date.....

(SIGNATURE AS USED FOR SIGNING CHEQUES)

FOR OFFICIAL USE BY BANKI KUU SACCO

Form checked by: 1..... .... 2 .....

ACCOUNTANT MANAGER

Approved by : 1. ..... 2 .....

AUTHORIZED SIGNATORY AUTHORIZED SIGNATORY