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: 1202115306 in favour of BANKI KUU CO-OP SAV &CREDIT SOC

Dear Sir/ Madam,

MY BANKI KUU SACCO AGREEMENT DATED ....,

I / We hereby request instruct and authorise you to draw against my / our account with the above-mentioned bank (or any other bank or branch to which I / we may transfer my / our account) the premium due in respect of the above-mentioned agreement" and continuing (as the case may be). All such withdrawals from my / our account by you shall be treated as though they have been signed by me / us personally.

The amounts are variable and may be debited on various dates.

I / We understand that you may change the amount and dates only after giving me / us prior notice.

I / We understand that the withdrawals hereby authorised will be processed by Direct Debit Transfer, and I / we also understand that details of each withdrawal will be printed on my bank statement or and accompanying voucher.

I / We agree to pay any bank charges relating to this Authority.

This Authority may be cancelled by me / us by giving you thirty days notice in writing, sent by prepaid registered post, or delivered to the offices of the above-mentioned Company / Association, but I / we understand that I / we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.

I / We issue this Authority in substitution of my / our standing order for _____ due on _____ monthly / quarterly etc…, and I / we shall advise the above-mentioned bank of its cancellation. Receipt of this Authority by you shall be regarded as receipt thereof by my / our bank (whichever it is or will be).

I / We understand that if any Direct Debit Transfer is paid which breaches the terms of this Authority, you will make a refund upon demand.

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