



MOBILE MONEY PAYMENT AUTHORITY FORM

PLEASE COMPLETE FORM IN CAPITAL LETTERS

Mode of payment (Tick Appropriately):

Pay via MPesa:

Personal Details:

Applicant's Full Name: _____

Email Address: _____

Membership No: _____

Applicant's ID No: _____

Mobile Phone No(s)

(a) Registered Safaricom Line:

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(b) Other Lines:

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NATURE OF PAYMENT EXPECTED FROM THE BANKI KUU SACCO:

Payment due to member:

- a). Loan Disbursement,
- b). Overpayment refund
- c). Christmas saving refund/ share withdrawal

Declaration by Applicant:

I hereby apply for this **Mobile Money payment service** from Banki Kuu Sacco Society Limited. I warrant you that the information given above is true and complete and I authorize you to make any enquiries necessary in connection with this application. I accept and agree to be bound by the conditions of use. I agree that I am liable for **all charges** incurred through the use of this facility.

I hereby indemnify the Sacco against all losses that may occur as a result of my use of the facility. I understand that the Sacco reserves the right to decline the application without giving reasons.

Signature: _____ Date: _____

For Official Use:

Input by Name: _____ Signature: _____ Date: _____

Verified by Name: _____ Signature: _____ Date: _____