

## BANKI KUU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

Haile Selassie <u>Avenue</u>, 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: The Manager  Address: Bank  Town: Branch Name  Mobile Tel No Branch Code  Date  ID-No *Account No *Account to which salary/ pension is remitted.
CREDIT ACCOUNT: ICA-1-110-001465 in favour of BANKI KUU SACCO SOCIETY LIMITED
Dear Sir/ Madam,
MY BANKI KUU SACCO AGREEMENT DATED
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
I also agree to pay any bank charges relating to this Authority. 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 Further, I understand that I shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you. However, if any Direct Debit Transfer is paid which breaks the terms of this authority, you will refund me upon application. Receipt of this Authority by you shall be regarded as receipt thereof by my bank (whichever it is or will be). I confirm that my signature and details hereon are correct.
Signed
(SIGNATURE AS USED FOR SIGNING CHEQUES)
Please attach latest payslip and National Identity Card
FOR OFFICIAL USE BY BANKI KUU SACCO
Form checked by: 1
Approved by: 1