

SAUTI SAVINGS & CREDIT SOCIETY LTD

P.O BOX 30042 - 00100

Mobile: : +254 0714 666717/0722795468

Email: : info@sautisacco.or.ke

DIRECT DEBIT AUTHORITY FORM

MEMBERS DETAIL

Bank: _____

Bank Code: _____

BRANCH: _____

A/c No _____

Member NO : _____

BENEFICIARY DETAILS

Name: SAUTI CO-OPERATIVE SAVINGS & CREDIT SOCIETY LTD

Bank Name: Co-operative Bank of Kenya Ltd

Branch: Co-operative House Br

Branch Code: 11002

Account To Be Credited: 01100000596900

Originators Code:

Member's Name: _____ ID No _____

Address: _____ MOBILE _____

We hereby request, instruct and authorize 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 sum of Kshs _____ (amounts in words)

_____ the amounts necessary for payment of the monthly installment/ premium due in respect of the above mentioned agreement/ Sacco on the _____ day of each and every month commencing on _____ 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 authorized will be processed by Direct Debit transfers and I/ we also understand that details of each withdrawal will be printed on my bank statement or an accompanying voucher. I/ We agree to pay any bank charges relating to this authority.

This authority may be cancelled by me/ us giving you 30 (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company/ association but I/ We understand that I/ We shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.

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 breaks the terms of this authority, you will make a refund upon application.

Signed at _____ on this _____ day of _____ 20__

_____ (Members Signature as used for signing cheques)

Witnessed By; SAUTI CO-OPERATIVE SAVINGS & CREDIT SOCIETY LTD Official (FULL NAME).....

Sign

For Bank Use Only:

Confirm Bank Details & Signature: _____ Approved By: _____

Date Stamp: