PO Box 72532-00200, City Square, Nairobi | Telephone 020-2152259

THE DIRECT DEBIT AUTHORITY

VARIABLE DIRECT DEBIT AUTHORITY SACCO MEMBERSHIP

| ORIGI | NATOR CODE 2210 | | | | | | | | Λ | MEMBE | R NU | MBER | | | | | | |
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| ORIG | NATOR | | | TO THE MA | ANAGE | R | | | | | | | | | | | | |
| Memb | er Name: | | | Bank: | | | | | | | | | | | | | | |
| Addre | 56: | _ | _ | Branch Nar | me: | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | | | |
| Town/City: | | | | Branch Cod | de: | | | | | | | | | | | | | |
| Mobil | No.: | | * | *Account No | 0. | | | | | | | | \prod | I | | | | |
| ID No. | | | * | *Refers to mei | mber's b | ank ac | count t | o wh | ich sala | ry/pen: | sion is r | remitte | d. | | | | | |
| CREDI | ACCOUNT: 0 1 1 2 0 0 6 2 | 5 | 7 | 5 | 1 | 0 | 0 | in | favour | of OX | FORD | SACCO | D LIMIT | ſED. | | | | |
| Dear Si | r/ Madam, | | | | | | | | | | | | | | | | | |
| MY OXI | ORD SACCO AGREEMENT DATED | | | | | | | | | | | | | | | | | |
| 1. | I hereby request and authorize you to draw against my account with the a | | | | | | | | | | | | | from | my ac | coun | thes | sum |
| | of KES (amount in words) | | | | | | | | | | | | | | | | | , |
| | due in respect of the above-mentioned agreement, on the day Sacco Society. | / of e | each m | onth comm | nencing | j on _ | | | _ and c | ontinı | uing u | ntil fu | rther v | vritter | n noti | ce fro | m 0x1 | ford |
| 2. | l authorize you to increase the above amount automatically, without furt | herı | referen | nce to me, a | is you n | nay be | advis | sed b | oy Oxfo | ord Sa | cco. | | | | | | | |
| 3. | All such withdrawals from my account by you shall be treated as though t | they | have b | been signed | d by me | perso | onally. | | | | | | | | | | | |
| 4. | I understand that the withdrawals hereby authorized will be processed by bank statement and/or accompanying voucher. | y Dir | rect Del | bit Transfer, | r, and I | also u | nderst | tand | l that d | letails | of eac | th with | hdrawa | al will | l be pr | rinted | on m | ıy |
| 5. | l also agree to pay any bank charges relating to this Authority. | | | | | | | | | | | | | | | | | |
| 6. | This Authority may be cancelled by me only with the express permission which you have already withdrawn while this authority was in force if such as the control of the con | | | | | | | | | | | | | | | - | | |
| 7. | breaks the terms of this authority, you will refund me upon application. This Authority shall be regarded as cancellation of the current standing in | octru | ıction | | | | | | | | | | | | | | | |
| 8. | I confirm having read and understood the terms and conditions of Direct | | | sfer and agr | ree to b | e bou | nd by | the | same. | | | | | | | | | |
| 9. | Receipt of this Authority by you shall be regarded as receipt thereof by m | | | - | | | , | | | | | | | | | | | |
| 10. | I confirm that my signature and details hereon are correct. | | | | | | | | | | | | | | | | | |
| Applica | rt's Signature: | | (initi | tials not accer | otable) | | | | Da | te: | | _/ | | /_ | | | | / |
| OFFIC | IAL USE ONLY | | | | | | | | | | | | | | | | | |
| _ | - | | | | | | | | | | | | | | | | | |
| 1. | Treasurer: Name Si | anat | ture | | | | | | ſ |)ate: | | / | | | / | | | , |
| | | , | | _ | | | | | | | | | _ | | | | | _ |
| 2. | Hon. Secretary: | | | | | | | | | | | | | | | | | |
| | Name Signature | ynat | ture | | | | | | [|)ate: _ | | /_ | | | / | | | _/ |
| 3. | Chairman: | | | | | | | | | | | | | | | | | |
| | NameSignal | gnat | ture | | | | | | [| Oate: _ | | /_ | | | / | | |] |
| 1 | | | | | | | | | | | | | | | | | | - 1 |