



**CHECK-OFF FORM**

Date.....

The National Hon. Secretary,  
Ushuru Co-op Savings & Credit Society Ltd.  
P.O Box 52072-0200,  
**NAIROBI.**

1. I, the under mentioned, do hereby request you to pay a total sum of Kshs.....  
..... (In words) (Kshs.....) to

Ushuru Sacco Ltd, for Credit to my account as follows:-

- 1) Shares Kshs..... 5) School Fees Loan Ksh. ....
- 2) Main Loan Kshs..... 6) Risk Management Fund Ksh .....
- 3) Refinancing loan Kshs..... 7) Investment Savings Account Ksh .....
- 4) Emergency loan Kshs..... 8) Entrance Fee Ksh .....

Employer ..... Mobile Tel. no.....

Commencing from.....day of.....201.....

- 2. The acknowledgement of the said society will be your full and efficient discharge.
- 3. This authority **cancels** any other authority given by me prior to this date in respect of the above society.

Name.....Signature.....

Personal File No.....Branch.....

Designation.....Station.....

Account Membership No.....

Dated this.....day of.....201.....