

USHURU CO-OP SAVINGS & CREDIT SOCIETY LTD

P.O BOX 52072 - 00200

Mobile: : 020 7608700

Email: : info@ushurusacco.com

DIRECT DEBIT AUTHORITY FORM

MEMBERS DETAIL Bank: _____ Bank Code: _____ BRANCH: _____ A/c No _____ Member NO : _____	BENEFICIARY DETAILS Name: USHURU CO-OP SAVINGS & CREDIT SOCIETY LTD Bank Name: Co-operative Bank of Kenya Ltd Branch: Kilimani Branch Branch Code: 11002 Account To Be Credited: 01120040124500 Originators Code: 2229
--	--

Member's Name: _____ ID No _____

Address: _____ MOBILE _____

I hereby request, instruct 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 _____ (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 account by you shall be treated as though they have been signed by me personally.

The amounts are variable and may be debited on various dates. I understand that you may change the amount and dates only after giving me prior notice.

I understand that the withdrawals hereby authorized will be processed by Direct Debit transfers and I also understand that details of each withdrawal will be printed on my bank statement or an accompanying voucher. I agree to pay any bank charges relating to this authority.

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mentioned company/ association but I understand that I shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this Authority by you shall be regarded as receipt thereof by my bank (whichever it is or will be). I 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; **USHURU CO-OP SAVINGS & CREDIT SOCIETY LTD Official (FULL NAME)**..... Sign

For Bank Use Only:

Confirm Bank Details & Signature: _____ Approved By: _____

Date Stamp: