



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.....202.....

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.....202....