BANKI KUU SAVINGS & CREDIT CO-OPERATIVE SOCIETY LTD

Haile Selassie Avenue, P.O. Box 60000 - 00200, Nairobi, Kenya
Tel: 286398/1/2/3/4, Mobile: +254 724-256-651

"Together We Excel"

ORIGINATOR

Name: **Banki Kuu Sacco**

KBA Code: **1210**

Bank Name: **ABSA Bank of Kenya Ltd**

Bank Branch: **Barclays Plaza Branch**

Sort Code/Bank & Branch Number: **03-077**

Account To Be Credited: **2023718130**

PAYER'S BANK DETAILS (Please fill in capital letters)

Bank Name:_____

Branch name:_____

Account Name:_____

Account Number: _____

Bank & Branch Number:_____

Contract Name:_____

Contract Ref:_____

I/We hereby request, instruct and authorize you to draw against my / our bank account with the above-mentioned bank /or any other branch of that bank to which I/we may transfer my / our account.

I/We understand that the withdrawals hereby authorized will be affected by direct debit transfers and you shall be entitled to treat all such withdrawals as though they have been signed by me/us personally. I/We agree that you shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We agree to notify the above named beneficiary of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, you shall be entitled, at your discretion, not to effect any such transfer in which event you may make the usual service charge to be paid by me/us.

This Authority shall be effective until further notice. I/We agree that any notice of cancellation or variation of this Authority which I/we may give you shall be given at least 30 working days prior to the date on which such cancellation/variation is to take effect and at the same time, such notice shall be given to the beneficiary. However, I/We understand and agree that I/we shall not be entitled to any refund of amounts which you may have already withdrawn while this authority was in force if such amounts were legally owing to you.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 in breach of the terms of this Authority, you shall make a refund upon demand. I/We confirm having read and understood the above terms and conditions of direct debit transfer and agree to be bound by the same.

SUMMARY OF DEBITS

Amount to be debited: Kshs_____

Amounts in Words:_____

Debit Commencement Date: ***(at least 30 days after form delivery)***_____

Frequency: Monthly Quarterly
Semi-Annually Annually

Start Month:_____

Start Date:_____

End Date:_____

PAYER: (PARTY TO BE DEBITED)

Full Name:_____

Address:_____

ID Number:_____

Cell Phone Number: _____

Authorized Signature(s): ***(As per bank mandate)***

Signature:_____

Please attach latest payslip and National Identity Card

FOR OFFICIAL USE BY BANKI KUU SACCO

Form checked by: 1..... 2.....
ACCOUNTANT MANAGER

Approved by : 1. ..... 2 .....

AUTHORIZED SIGNATORY AUTHORIZED SIGNATORY