



Complete the information below to authorize funds Transfer. All fields in **BOLD** are required information.

Originator (Sender) Information			
Name/Title of Account		A/C Number	Branch(JCC/SCC)
Street Address (No PO Box)			
City	County	Zip	Country
Telephone Number		Funds Transfer on Behalf of (If applicable):	
Funds Transfer Amounts			
Check Destination: External (Outside SACCO) Internal (In FOSA)			
Amount in figures		Amount in Words	
Member number	OR	Employment number	
Beneficiary (Receiver) Information			
Name		Telephone Number	
Street Address			
City	County	Zip	Country
Account Number		Account Name	
Beneficiary Bank Information			
Bank Name			
Branch			
City		Zip	Country
Circle One - Bank: Code		Sort Code	SWIFTCODE
		Number:	
Intermediary Bank Information (if applicable):			
Bank Name		Account Number	
Address			
City	State/Province	Zip	Country
Circle One - Bank: Code		Sort Code	SWIFTCODE
		Number:	
Special Instructions			
Originator Authorization			
By signing below, I authorize Safaricom Sacco Ltd to execute the above funds transfer instruction in accordance with the Terms and Conditions for funds Transfers			
Authorized Signature/ Date		2 nd Authorized Signature (if applicable)/ Date	

MAKER		SACCO USE ONLY:		CHECKER & APPROVER	
Amount: Kes.....	Fee: Kes.....			CHECKER(F. Manager)	APPROVER(C.F.O)
Name:	Date:			Name:	
Preparer's Signature		Sign/Date:		Sign/Date:	