

# M-PESA Funds Transfer Form

PLEASE COMPLETE IN BLOCK LETTERS OR TICK (✓) APPROPRIATE BOX UNLESS OTHERWISE INDICATED



## A: ACCOUNT FROM INFORMATION

Account Name

Account/Member No

Amount in Figures

Amount in Words

## B: BENEFICIARY (RECIPIENT) INFORMATION

Phone Number

ID Number

## C: AUTHORIZATION

By signing below, I authorize Safaricom SACCO Limited to execute the above fund's transfer in accordance with the Terms and Conditions for fund Transfers.

Authorized Signature:

DD MM YYYY