

THE VARIABLE DIRECT DEBIT AUTHORITY

<p>ORIGINATOR</p> <p>NAME: SAFARICOM SACCO LTD</p> <p>Originator's Code: _____</p> <p>Bank Name: _NIC BANK – WESTLANDS BRANCH</p> <p>Branch Number: 105-41</p> <p>Account to be Credited: 1000426306</p>	<p>TO THE MANAGER</p> <p>Bank Name: _____</p> <p>Branch Name: _____</p> <p>Account No: _____</p> <p>Sort Code: _____</p> <p>Type of Account: Savings <input type="checkbox"/> Current <input type="checkbox"/></p>
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Originator Ref:

Dear Sir/ Madam,

Payment Detail	Amount(Kshs)	Total Payment
Share contribution		
Deposits		
Development Loan repayment		
School fees Loan repayment		
College fees repayment		
Emergency Loan repayment		
Land loan repayment		
Household loans repayment		
IPO loan repayment		
Instant Loan repayment		
Share capital		
Commission	55.00	
Total		

I / We hereby request, instruct and authorise you to draw against my / our account with the above-mentioned bank the sum total of Kshs _____ Amount in words _____ the amount necessary for payment of the monthly instalment on the _____ day of each and every month commencing on _____ until advised otherwise. All such withdrawals from my / our account by you shall be treated as though they have been signed by me / us personally. Any change of amount or dates must be done only after giving me / us prior notice.

I / We understand that the withdrawals hereby authorized will be processed by Direct Debit Transfer, and I / we also understand that details of each withdrawal will be printed on my bank statement or/and an accompanying voucher. I / We agree to pay any bank charges relating to this Authority. This Authority may be cancelled by me / us by giving you thirty days notice in writing, sent by prepaid registered post, or delivered to the offices of the above-mentioned Company / Association, but I / we understand that I / we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.

I / We issue this Authority in substitution of my / our standing order for Kshs _____ due on _____ monthly / quarterly etc. Receipt of this authority shall be regarded as cancellation of the current standing instruction.

I / We understand that if any Direct Debit Transfer is paid which breaks the terms of this Authority, you will make a refund upon application.

Signed on this _____ day of _____ 20_____

NAME: _____

ID No: _____

Address: _____

SIGNATURE AS USED FOR SIGNING CHEQUES