



VARIABLE DIRECT DEBIT AUTHORITY

FROM: Name: _____ **TO:** The Manager
 Address: _____ Bank: _____
 Town: _____ Branch Name: _____
 Tel No: _____ Account Name: _____
 Email: _____ Account No: _____

CREDIT ACCOUNT: 1005824261- NCBA BANK KENYA PLC

2	2	4	0	M	N	O											
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

Dear Sir/ Madam,

Payment Detail	Amount
Deposit Contribution	
Burial & Benevolent Fund	
Development Loan Repayment	
Diamond Loan Repayment	
Shamba Loan Repayment	
Refinancing Loan Repayment	
Emergency Loan Repayment	
School Fees Loan Repayment	
Jipange Loan Repayment	
Personal Loan Repayment	
Business Loan Repayment	
Others	
Commission	150.00
Total	

I / We hereby request, instruct and authorise you to draw against my / our account with the above-mentioned bank the sum total of Kes _____ Amount in words _____

the amount necessary for payment of the monthly instalment on the

5th	15th	25th
-----	------	------

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 Sheria Sacco Society Ltd, but I / we understand that I / we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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 existing direct debit for Kes _____ 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 ____

MEMBER SIGNATURE AS PER BANK MANDATE

AUTHORISED BY-SHERIA SACCO OFFICIAL