

**CHAI SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD****Head Office: Chai House, Ground Floor, Koinange Street.****P.O. Box 278 - 00200 City Square Nairobi Kenya****Mobile: 0709808000 / 0709808100 /0709808101****Email: info@chai-sacco.co.ke Website: www.chai-sacco.co.ke****DIRECT DEBIT AUTHORITY FORM**

Members Details To: Bank: _____ Bank Code: _____ Branch: _____ A/c No _____ Membership No: _____	Beneficiary Details: Name: CHAI SACCO SOCIETY LIMITES Bank Name: Co-operative Bank of Kenya Ltd Branch: CO-OP HOUSE Branch Code: 11002 Account to be Credited: <u>0112003169700</u> Originators Code: 2249
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Member's Name: ID No Address

..... Tel No

I/ We hereby request, instruct and authorize you to draw against my/ our account with the above-mentioned bank or any other bank or branch to which I/ We may transfer my/ our account the sum of Kshs _____ (amounts in words) _____ the amounts necessary for payment of the monthly installment/ premium due in respect of the above-mentioned agreement/ Sacco on the _____ day of each and every month commencing on _____ and continuing (as the case may be). All such withdrawals from my/ our account by you shall be treated as though they have been signed by me/ us personally.

The amounts are variable and may be debited on various dates. I/ We understand that you may change the amount and dates only after giving me/ us prior notice.

I/ We understand that the withdrawals hereby authorized will be processed by Direct Debit transfers and I/ We also understand that details of each withdrawal will be printed on my bank statement or an accompanying voucher.

I/ We agree to pay any bank charges relating to this authority.

This authority may be cancelled by me/ us giving you 30 (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company/ association but I/ We understand that I/ We shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.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 which breaks the terms of this authority, you will make a refund upon application.

Signed at _____ on this _____ day of _____ 20 _____

_____ (Signature as used for signing cheques)

Witnessed By Chai Sacco Society Official (Full Name) Sign

For Bank Use Only:

Confirm Bank Details & Signature: Approved By:

Date Stamp:

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