



Invest in secure hands

BALOZI SACCO LTD

P.O. Box 11539 – 00400, Nairobi, Kenya.

Tel: +254 020-2211600 Cell: +254 0720833326 / 0733967707

Email: info@balozisacco.com

VARIABLE DIRECT DEBIT AUTHORITY FORM

TO: Payers Bank (Member's Bank)	Beneficiary Details: (BALOZI SACCO LTD)
Bank Name: _____	Name: BALOZI SACCO LTD
Branch Name: _____	Bank Name: Co-operative Bank of Kenya Ltd
Bank Account No: _____	Branch: Co-operative Bank House, Nairobi
Bank Code: _____ (To be filled by SACCO STAFF)	Branch Code: 11002
	Account to be Credited: 01120000537900
	Originators Code: 1216

Member's Name _____ Membership No _____ ID No _____
 Address _____ Agency/Employer _____ Mobile No _____

I/We hereby request, instruct and authorize you to draw against my/our account with the above mentioned bank or any bank or branch to which I/We may transfer my/our account the sum of Kes _____ (amount in words) _____

The amounts necessary for payment of the monthly installment due in respect of the above mentioned 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 any 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mentioned company/association but I/We understand that I/we shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.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 **BALOZI SACCO OFFICE** on this _____ day of _____ 20_____

Witnessed By _____ **(BALOZI SACCO LTD STAFF)**

Member's Sign (Signature as used for signing cheques) _____

For Bank Use only:
Confirm Bank details & signature: _____ Approved By: _____
Date Stamp: _____