

CHAI SACCO SOCIETYLIMITED

P. O. Box 278 – 00200 NAIROBI

Mobile: +254709808100 Email: <u>info@chai-sacco.co.ke</u>

DIRECT DEBIT AUTHORITY FORM

Members Details	Beneficiary Details:
To: Bank:	Name: CHAI SACCO SOCIETY LIMITES
	Bank Name: Co-operative Bank of Kenya Ltd
Bank Code:	
	Branch Code: 11002
Branch:	Account to be Credited: <u>0112003169700</u>
A/c No	Originators Code: 2249
Membership No:	
Member's Name:	
	Tel No
to which I/ We may transfer my/ our account the sum of Kshs	st my/ our account with the above-mentioned bank or any other bank or branch (amounts in words)
	the amounts necessary for payment of the monthly
	greement/ Sacco on the day of each and every month commencing tinuing (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 pers	sonally.
The amounts are variable and may be debited on various dates me/ us prior notice.	. I/ We understand that you may change the amount and dates only after giving
I/ We understand that the withdrawals hereby authorized will be each withdrawal will be printed on my bank statement or an acceptance.	be processed by Direct Debit transfers and I/We also understand that details of ccompanying voucher.
I/ We agree to pay any bank charges relating to this authority.	
	ty) days' notice in writing, sent by prepaid registered post or delivered to the e understand that I/ We shall not be entitled to any amounts which you have nounts were legally owing to you.
Receipt of this Authority by you shall be regarded as receipt th Direct Debit Transfer is paid which breaks the terms of this a	ereof by my/ our bank (whichever it is or will be). I/ We understand that if any authority, you will make a refund upon application.
Signed at on this day of _	20
(Signature	as used for signing cheques)
Witness J. D. Chri Carra Carista Official (Tall Name)	Gian.
For Bank Use Only:	Sign
	Approved By:
Date Stamp:	··· ·

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