

# VARIABLE DIRECT DEBIT AUTHORITY FORM



## EGERTON UNIVERSITY SACCO SOCIETY LIMITED

P.O. BOX 178, EGERTON. [TEL:0722144734/0733999002](tel:0722144734/0733999002) Website: [www.egertonsacco.coop](http://www.egertonsacco.coop)

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### DIRECT DEBIT AUTHORITY FORM

<b>MEMBERS DETAIL:</b> Bank: _____ Bank Code: _____ BRANCH: _____ A/c No _____ SACCO A/c NO : _____	<b>BENEFICIARY DETAILS:</b> Name: <b>EGERTON UNIVERSITY SACCO SOCIETY LTD</b> Bank Name: <b>Co-operative Bank of Kenya Ltd</b> Branch: Nakuru Branch Branch Code: 11006 Account To Be Credited: 01120025000700  <b>Originators Code: 2241</b>
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Member's Name(As per I/D): \_\_\_\_\_ ID No \_\_\_\_\_

Address: P.O Box \_\_\_\_\_ Code: \_\_\_\_\_ MOBILE TEL NO: \_\_\_\_\_

MY EGERTON UNIVERSITY SACCO AGREEMENT DATED: \_\_\_\_\_ Payroll no: \_\_\_\_\_

1. I/ We hereby request, instruct and authorize Egerton University SACCO (herein referred to as 'Sacco') 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. \_\_\_\_\_ (Amount in Figures) \_\_\_\_\_ (amount in words), due in respect of the above mentioned agreement on the \_\_\_\_\_ day of each and every month commencing in \_\_\_\_\_ (Month/ Year) and continuing until further written notice from Egerton University SACCO.
2. I authorize to vary the above amount and commencing date automatically, without further reference to me, as may be advised by Egerton University SACCO.
3. All such withdrawals from my/our account by the Sacco shall be treated as though they have been signed by me/us.
4. 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.
5. This authority may be cancelled by me/ us giving the Sacco 30 (thirty) days notice in writing, sent by prepaid registered post or delivered to the offices of the above mentioned Sacco but I/ We understand that I/ We shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to the Sacco.
6. Receipt of this Authority by Egerton University SACCO 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, the Sacco will make a refund upon application.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_ (Members Signature as used for signing cheques)

Witnessed By; **EGERTON UNIVERTITY SACCO SOCIETY LTD Official:-**

(FULL NAME)..... Sign..... & Stamp.....date.....

#### **For Bank Use Only:**

Confirm Bank Details & Signature: \_\_\_\_\_ Approved By: \_\_\_\_\_

Date Stamp: \_\_\_\_\_