



# GUSII MWALIMU SACCO SOCIETY LIMITED

MWALIMU HOUSE, 1<sup>ST</sup> FLOOR, P.O. BOX 1335, TEL: 058-30357; FAX: 058-31021 KISII.  
Website: <http://www.gusiimwalimusacco.or.ke> ; Email Address: [info@gusiimwalimusacco.or.ke](mailto:info@gusiimwalimusacco.or.ke)



## BANK PAYPOINT FORM

DATE: \_\_\_\_\_

P.O. BOX \_\_\_\_\_

The Permanent Secretary  
.....  
.....  
**NAIROBI**

### **PAYPOINT PARTICULARS**

I (Full Name) \_\_\_\_\_ ID/NO: \_\_\_\_\_

Do hereby request you to pay all sums of money due to me or which may thereafter become due to me in respect of salaries to GUSII MWALIMU SACCO - CODE 99063 **Bank of KISII BRANCH** for the credit of savings ACCOUNT NO: \_\_\_\_\_

Where the same amount of money constitutes an overpayment to me, I hereby give irrevocable authority to my bank to return it to Teachers Service Commission.

This authority extends to any other account to which the said money may be transferred.

This request cancels any other request given prior to this date.

P.NO: \_\_\_\_\_ MNO: \_\_\_\_\_ TEL: \_\_\_\_\_

DATED: The \_\_\_\_\_ Day of \_\_\_\_\_ 2012

DISTRICT:.....

SIGNATURE:.....

**NB: Attach copy of your pay slip, Bank card Copy, and ID Copy  
Be forwarded from your Departmental head**