



GUSII MWALIMU SACCO SOCIETY LIMITED

MWALIMU HOUSE, 1ST FLOOR, P.O. BOX 1335, TEL: 058-30357; FAX: 058-31021 KISII.

Website: <http://www.gusiimwalimusacco.co.ke> ; Email Address: info@gusiimwalimusacco.co.ke



CHANGE OF PAY POINT BANK FORM

DATE: _____

SCHOOL NAME: _____

P.O. BOX _____

TO
The Secretary
Teachers Service Commission
Private Bag
NAIROBI

Through,
The H. MASTER/H. MISTRESS/PRINCIPAL

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 SASA 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.

TSC/P.NO: _____ MNO: _____ TEL: _____

DATED: The _____ Day of _____ 2016

WORKING STATION CODE:
DISTRICT DIVISION SCHOOL

DISTRICT:.....

SIGNATURE:.....

**NB: Attach copy of your pay slip, ID, ATM card OR bank card
Return while fully signed and forwarded by your senior (H/T, Principal)**