

GUSII MWALIMU CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD

Mwalimu House 1st Floor P.O Box 1335-40200 Kisii – Kenya Tel: 058-2030357 Fax 058-2031021

Website: www.gusiimwalimusacco.co.ke E-mail: info@gusiimwalimusacco.co.ke

Our Ref: *GMSS/COOPF/2020*



Date:

Your Ref:

DIRECT DEBIT AUTHORITY FORM

MEMBERS DETAIL Bank: _____ Bank Code: _____ BRANCH: _____ A/c No _____ Member NO : _____	BENEFICIARY DETAILS Name: Gusii Mwalimu Sacco Ltd Bank Name: Co-operative Bank of Kenya Ltd Branch: -Kisii Account To Be Credited: 01120016637601 Originators Code: 2284
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Member's Name: _____ ID No _____

Address: _____ MOBILE _____

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

_____ the amounts necessary for payment of the monthly installment due in respect of the above mentioned agreement on the _____ day of each and every month commencing on _____ and continuing (as the case may be). All such withdrawals from my account by you shall be treated as though they have been signed by me personally.

The amounts are variable and may be debited on various dates. I understand that you may change the amount and dates only after giving me prior notice.

I understand that the withdrawals hereby authorized will be processed by Direct Debit transfers and I also understand that details of each withdrawal will be printed on my bank statement or an accompanying voucher. I agree to pay any bank charges relating to this authority.

This authority may be cancelled by me giving you 30 (thirty) days notice in writing, sent by prepaid registered post or delivered to the offices of the above mentioned company/sacco but I understand that I shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.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 bank (whichever it is or will be). I understand that if any Direct Debit Transfer is paid which breaks the terms of this authority, you will make a refund upon application.

Signed: _____ on this _____ day of _____ 20__ (Members Signature as used for signing cheques)

Witnessed By: **GUSII MWALIMU SACCO LTD (FULL NAME)**.....Sign & stamp

For Bank Use Only:- Confirm Bank Details & Signature: _____ Approved By: _____ Date Stamp: _____

WE EMPOWER

Save Regularly, Borrow Wisely and Pay Promptly