

SERIAL No.



## DIRECT DEBIT AUTHORITY

Tick as Appropriate: New

Amend

Cancel

PAYOR'S BANK DETAILS	ORIGINATOR OR COMPANY	RECEIVED AND VERIFIED BY
Bank Name .....	Name: Stima Sacco Society Limited	Name: .....
Branch Name: .....	Bank: Family Bank	Signature: .....
Account Name: .....	Originator Code: 1202	Date: .....
Account Number: .....		OFFICIAL STAMP

I/We hereby request, instruct and authorize you 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 debit sums noted below which maybe varied from time to time subject to changes in my/our investments and/or loans held with the company and to the maximum amount from time to time, fixed by the Kenya Bankers Association. The amounts are variable and may be debited on various dates.

I/We understand that the withdrawals hereby authorized will be processed by direct debit and that all such withdrawals from my account by you shall be treated as though they have been signed by me/us personally.

I/We agree to notify you of any change of the bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my bank shall be entitled at their discretion, not to effect any such transfer in which event my bank may make the usual service charge to be paid by me/us.

This authority shall have effect until further notice. This authority may be cancelled by me/us by giving you 30 (thirty) days' notice in writing sent by pre-paid registered post or delivered to the offices of the above-mentioned company/association or through customers registered email address, but I/We understand that I/We shall not be entitled to any refund of amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to me/us.

Receipt of this authority by you 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, you will make a refund upon application.

I/We confirm having read and understood the above terms and conditions and agree to be bound by the same.

SUMMARY OF DEBITS	MEMBER DETAILS												
Amount to be debited: KES.....	Name: .....												
Amount in Words: .....	ID/Passport Number: .....												
	Telephone Number: .....												
<b>Due Dates:</b>	Prime Account Number: .....												
<table border="1"> <tr> <td>1<sup>st</sup></td> <td>5<sup>th</sup></td> <td>10<sup>th</sup></td> <td>15<sup>th</sup></td> <td>20<sup>th</sup></td> <td></td> </tr> <tr> <td>25<sup>th</sup></td> <td>30<sup>th</sup></td> <td colspan="4">Other (Specify)</td> </tr> </table>	1 <sup>st</sup>	5 <sup>th</sup>	10 <sup>th</sup>	15 <sup>th</sup>	20 <sup>th</sup>		25 <sup>th</sup>	30 <sup>th</sup>	Other (Specify)				Policy/Loan No.: .....
1 <sup>st</sup>	5 <sup>th</sup>	10 <sup>th</sup>	15 <sup>th</sup>	20 <sup>th</sup>									
25 <sup>th</sup>	30 <sup>th</sup>	Other (Specify)											
<b>Frequency:</b>	Signature 1: .....												
<table border="1"> <tr> <td>Monthly</td> <td>Semi-Annually</td> </tr> <tr> <td>Quarterly</td> <td>Annually</td> </tr> </table>	Monthly	Semi-Annually	Quarterly	Annually	Signature 2: .....								
Monthly	Semi-Annually												
Quarterly	Annually												
Start Month: ..... Year: .....	Signature 3: .....												
End Month: ..... Year: .....	Date: .....												

**FOR PAYER'S BANK USE ONLY:**

Details verified By: ..... Signature: ..... Date: .....

Approved By: ..... Signature: ..... Date: .....

## DIRECT DEBIT AUTHORITY

### DETAILS OF DEBITS

The amounts debited should be distributed as shown in the table below on or just after the dates shown:

	Loan Number/Account Number	Due Date	Frequency	Amount
1.				
2.				
3.				
4.				
5.				
6.				
<b>Total</b>				