SALARY REMITTANCE FORM



PLEASE COMPLETE IN BLOCK LETTERS OR TICK (\checkmark) APPROPRIATE BOX UNLESS OTHERWISE INDICATED

TO PAYMASTER	
PAYPOINT PARTICULARS	
I Mr. Mrs. Ms. Staff No:	
Department: Branch:	
Present Workstation & Postal Address:	
Mobile No: eMail Address:	
Amount in Figures	
Hereby request you to pay all or part sums or money due to me an amount of KShs.	
Amount in Words:	
In respect of salaries or any money that may become due to me in any form to my Safaricom SACCO FOSA Account	
intespect of soluties of any money that may become due to me in any form to my soluticom sacco POSA account	
Account No	
Where the said amount of money paid to me constitutes an overpayment, I hereby given an irrevocable authority to the society to	
return it to my employer whether or not I am in employment with the organization.	
I agree that this instruction is irrevocable without the consent of QONA SACCO Ltd and that it supersedes any other request given by prior to this date.	′ me
Date: DD MM YYYY Member Signature:	
Date: DD MM YYYY Member Signature:	
FOR OFFICIAL USE ONLY	
hr department – rewards & recognition	
Approved By Date	
Signature	