

DIRECT DEBIT CANCELLATION/AMENDMENT

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

Originator	To The Manager
Name: QONA DT SACCO LTD Originator Code: _____ Bank Name: NIC Bank, Westlands Branch No: 105-41 Account to be Credited: 1000426306	Bank Name: _____ Branch Name: _____ Account No.: _____ Short Code: _____ Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current

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Tick One Box Only,

Please cancel all my Direct Debit/Standing Orders. Effective from: Date

Please amend the Direct Debit/Standing order as detailed below

For Amendment Only, please amend as below:

FROM: Amount (In Figures):
 Amount (In Words):

TO: Amount (In Figures):
 Amount (In Words):

Paid to:

Beneficiary Name
 Beneficiary Bank & Branch
 Beneficiary Account No
 Effective and on day of every month

The bank shall not undertake to effect after the due date any amendment/cancellation which has not been effected on such due date owing to lack of compliance. I/We shall have no claim against the bank in respect to any loss resulting from any failure on the bank, its official's and or agents to effect such amendment/cancellation on due date owing to an anomaly that may render such order null and/or void.

Name
 Signature Date:

FOR OFFICIAL USE ONLY

<input type="text"/> Checked By	<input type="text"/> Signature	<input type="text"/> DD MM YYYY Date
<input type="text"/> Authorized By	<input type="text"/> Signature	<input type="text"/> DD MM YYYY Date