

# VARIABLE DIRECT DEBIT AUTHORITY FORM

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

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

Dear Sir/Madam,

Payment Detail	Amount( KShs)	Total Payment	Payment Detail	Amount( KShs)	Total Payment
Share Capital			Land Loan Repayment		
Deposits			Household Loans Repayment		
Development Loan Repayment			Premium Loan Repayment		
Miradi Loan Repayment			Super Premium Loan Repayment		
College Fees Repayment			Junior Account		
Emergency Loan Repayment			Commission	60.00	
<b>TOTAL</b>					

I / We hereby request, instruct and authorize you to draw against my / our account with the above-mentioned bank the sum total of

KShs

Amount in Words

the amount necessary for payment of the monthly instalment on the  day of each and every month commencing on  until advised otherwise. All such withdrawals from my / our account by you shall be treated as though they have been signed by me / us personally. Any change of amount or dates must be done only after giving me / us prior notice.

- I / We understand that the withdrawals hereby authorized will be processed by Direct Debit Transfer, and
- I / we also understand that details of each withdrawal will be printed on my bank statement or/and an accompanying voucher.
- I / We agree to pay any bank charges relating to this Authority. This Authority may be canceled by me / us by giving you thirty days' notice in writing, sent by prepaid registered post, or delivered to the offices of the above-mentioned Company / Association, but
- I / we understand that I / we shall not be entitled to any refund of amounts that you have already withdrawn while this Authority was in force if such amounts were legally owing to you.

I / We issue this Authority in substitution of my / our standing order for KShs  due on  monthly / quarterly etc. Receipt of this authority shall be regarded as cancellation of the current standing instruction.

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.

Name

Signature  Date:  ID No: