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	**Bank Name:**_____
Originator Code:_____	**Branch Name:**_____
Bank Name: NIC Bank, Westlands	**Account No.:**_____
Branch No: 105-41	**Short Code:**_____
Account to be Credited: 1000426306	**Account Type**: ☐ Savings ☐ Current

| 1 | 2 | 0 | 8 | | | | | | | | | *Originator Ref* |

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

Checked By	Signature	DD MM YYYY Date
Authorized By	Signature	DD MM YYYY Date