

VARIABLE DIRECT DEBIT AUTHORITY FORM

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 |

1 2 0 8 _____

Originator Ref

Dear Sir/Madam,

| Payment Detail | Amount(KShs) | Total Payment |
|------------------------------|----------------------|----------------------|
| Share Capital | | |
| Deposits | | |
| Development Loan Repayment | | |
| Miradi Loan Repayment | | |
| College Fees Repayment | | |
| Emergency Loan Repayment | | |
| Land Loan Repayment | | |
| Household Loans Repayment | | |
| Premium Loan Repayment | | |
| Super Premium Loan Repayment | | |
| Junior Account | | |
| Commission | 60.00 | |
| Total | | |

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 cancelled 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/ Association, but I / we understand that I / we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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 [redacted]
due on [redacted] 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 [redacted]
Signature [redacted] Date: [redacted] ID No: [redacted]