

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

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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/ Association, but I / we understand that I / we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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 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: