

## DIRECT DEBIT AUTHORITY FORM

<p><b>MEMBER DETAIL</b></p> <p>Name: _____          _____          _____</p> <p>Bank: _____</p> <p>Bank Code: _____</p> <p>BRANCH: _____</p> <p>A/c No _____</p> <p>ID No.: _____</p> <p>Mobile No. : _____</p>	<p><b>BENEFICIARY DETAILS</b></p> <p>Name: <b>KENYA NATIONAL POLICE DT SACCO SOCIETY LTD</b></p> <p>Bank Name: <b>Co-operative Bank of Kenya Ltd</b></p> <p>Branch: Co-op House</p> <p>Branch Code:11002</p> <p>Account To Be Credited: 01120000565000</p> <p><b>Originators Code: 2511</b></p>
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Tick Appropriately      New       Amend       Cancel

For amendments/cancel please provide details .....

I/We hereby request, instruct and authorize you to draw against my/ our account with the above mentioned bank or any other bank or branch to which I/ We may transfer my/ our account the sum of Kshs \_\_\_\_\_ (amounts in words)

\_\_\_\_\_ the amounts necessary for payment of the monthly installment/ premium due in respect of the above mentioned agreement/ Sacco on the \_\_\_\_\_ day of each and every month commencing on \_\_\_\_\_ and continuing (as the case may be). All such withdrawals from my/ our account by you shall be treated as though they have been signed by me/ us personally.

The amounts are variable and may be debited on various dates. I/ We understand that you may change the amount and dates only after giving me/ us prior notice.

I/ We understand that the withdrawals hereby authorized will be processed by Direct Debit transfers and I/ we also understand that details of each withdrawal will be printed on my bank statement or an accompanying voucher. I/ We agree to pay any bank charges relating to this authority.

This authority may be cancelled by me/ us giving you 30 (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company/ association but I/ We understand that I/ We shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this Authority by you shall be regarded as receipt thereof by my/ our bank (whichever it is or will be). 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.

Signed at \_\_\_\_\_ (Branch) on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**Applicants Signature** \_\_\_\_\_ **(Members Signature as used for signing cheques)**

Witnessed By: **KENYA NATIONAL POLICE DT SACCO SOCIETY LTD: Official (FULL NAME)**.....

Sign ..... Date: .....

Stamp -----

<p><b>For Bank Use Only:</b></p> <p>Confirm Bank Details &amp; Signature: _____ Approved By: _____</p> <p>Date Stamp: _____</p>
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