



Mhasibu Sacco Society Limited,
Market Street, ABSA Towers, 8th Floor,
P.O. Box 31295, 00600, Nairobi Kenya
Tel: +254 020-5141900
Email: info@mhasibusacco.com
Website: https://www.mhasibusacco.com

DIRECT DEBIT AUTHORITY FORM

Beneficiary Details: Mhasibu Sacco Society Limited Equity Bank Kenya Ltd Kenyatta Avenue Branch Branch Code: 68129 Originator code: 1235 Account number to credited: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>9</td><td>0</td><td>2</td><td>7</td><td>1</td><td>9</td><td>6</td><td>8</td><td>0</td><td>1</td><td>5</td> </tr> </table>	1	2	9	0	2	7	1	9	6	8	0	1	5	Sacco Member Details: Account name: _____ Paying Bank name: _____ Branch: _____ Branch code: _____ Type of Account: Saving <input type="checkbox"/> Current <input type="checkbox"/> Account Number to be debited: <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>													
1	2	9	0	2	7	1	9	6	8	0	1	5															

Policy No/Member No _____ Loan No _____

I/We, the payer named below, hereby request, instruct, and authorize you to draw against my/our account as detailed above with the above-mentioned Bank or any other Bank or Branch to which I/we may transfer my/our account the sums noted below, "the amount necessary for payment of the monthly installment due to as mentioned below"

The first payment under this order falls due on the _____ day of _____ 20____. All such withdrawals from my/our account by you shall be treated as though they have been signed by me/us personally.

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/our bank statement or any 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 to the office of the above-mentioned company, but I/we understand that I/We shall not be entitled to any refund of amounts which you have already withdrawn with this Authority while this Authority was in force if such amounts were legally owing to you.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.

I/we understand that if any Direct Debit Transfer is paid which breaches the terms of this Authority, you will make a refund upon application.

Payers Details Name(s) _____ ID No _____ Address: _____ Phone/Mobile: _____ Date: _____ Signature _____	Amount to be debited Kshs. _____ Amount in words _____ Sacco Authorized Officer: _____ Sign _____ Date _____ Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Due Date: 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th <input type="checkbox"/> New <input type="checkbox"/> Amendment <input type="checkbox"/>
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