



### Variable Direct Debit Authority

FROM: Name: _____	NAME: THE MANAGER
Address: _____	BANK: ABSA BANK KENYA PLC
Town: _____	BRANCH NAME: ABSA PLAZA
Mobile No.: _____	BRANCH CODE: 077
Email: _____	KBA CODE: 1201
ABSA Debit Account: _____	ACCOUNT NO: 0775011483
ABSA Branch Code: _____	

Member Number									
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Payment Detail	Amount From	Amount To
CRS Donation/Contribution		
Elimu Bora Savings Scheme Contribution		
Fosa Account Savings Contribution		
Main Savings Scheme Contribution		
Minor Savings Account Contribution		
Afya Imara Loan Repayment		
Shamba Loan/Mortgage Loan Repayment		
Boresha Loan Repayment		
Aspire/Elite Loan Repayment		
Elimu Bora Loan Repayment		
Express Loan Repayment		
Jibambe Loan Repayment		
Karibu Loan Repayment		
Loan Within Savings Repayment		
Biashara Loan Repayment		
Premier Loan Repayment		
Restructured Loan Repayment		
Share Capital Contribution/Loan Repayment		
Barizi Savings Contribution		
Commission	60.00	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 Kes \_\_\_\_\_ 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. (Applicable date is either **payday/24<sup>th</sup>, 30<sup>th</sup> or 5<sup>th</sup>**)

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but I/we understand that I/we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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 Kes \_\_\_\_\_ due on \_\_\_\_\_ monthly. 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.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

MEMBERS' SIGNATURE AS USED FOR SIGNING CHEQUES

AUTHORISED BY - THE KENYA BANKERS