



Variable Direct Debit Authority

FROM: NAME: _____

ADDRESS: _____

TOWN: _____

MOBILE NO.: _____

EMAIL: _____

DTB DEBIT ACCOUNT: _____

DTB – BRANCH CODE: _____

NAME: **THE KENYA BANKERS CENTER**

BANK: **DIAMOND TRUST BANK**

BRANCH NAME: **INDUSTRIAL AREA – FUNZI RD**

BRANCH CODE: **63071**

ACCOUNT NO.: **0427033002**

Member Number									
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Payment Detail	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
Total	60.00

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 **26TH** 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but I/we understand that I/we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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 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 up on application.

Signed on this _____ day of _____ 20 _____

MEMBERS' SIGNATURE AS USED FOR SIGNING CHEQUES

AUTHORISED BY – THE KENYA BANKERS