



Variable Direct Debit Authority

FROM: Name: _____ **TO: THE MANAGER**
Address: _____ **Bank: NATIONAL BANK OF KENYA**
Town: _____ **Branch Name:** _____
Mobile No.: _____ **Branch Code:** _
Date: _____ **Account No:** _____
REF NO......

CREDIT ACCOUNT: 01020058436400 NBK HOSPITAL BRANCH

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 (24th /payday, 30th or 5th)**

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but I/we understand that I/we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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