



Variable Direct Debit Authority

FROM: Name: _____
Address: _____
Tel No: _____
Email: _____
NCBA Debit Account: _____
NCBA Branch Code: _____

TO: The Manager
Bank: NCBA Bank of Kenya Ltd
Branch Name: NIC HOUSE
Branch Code: 07102
Account No.: 1003615118

Member Number									
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Payment Detail	Amount	Total Payment
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 24th/pay 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but I/we understand that I/we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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 _____