UBORA REGULATED NON-WDT SACCO SOCIETY LIMITED P.O BOX 54974-00200 NAIROBI.

Telephone: 020 6948000/305/261/443

Originator Code: 1212

VARIABLE DIRECT DEBIT AUTHORITY

Sacco Membership Number			
FROM:	то:		
Member Name:	The Manager		
Address:	Bank		
Town:	Branch Name		
Tel No	Branch Code		
Date			
ID-No	Account No.		

CREDIT ACCOUNT: - (Ubora Sacco Society Account- Co-operative Bank, Co-op House Branch, Acc. No. 01120000603900)

Dear Sir/ Madam,

MY AGREEMENT DATED

I/We hereby request instruct and authorize you to draw against my/our account with the above-mentioned bank or any other bank or branch to which I/We may transfer my/our account the sum of

Kshs....., (And amount in words),

The amounts are variable and may be debited on various dates. I/We understand that you may change the amount and dates only after giving me/us prior notice.

I/We understand that the withdrawals hereby authorised will be processed by Direct Debit transfers, and I/We also understand that details of each withdrawal will be printed on my bank statement or and 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company/ association, but I/We understand that I/We shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.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 (whichever it is or will be) 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 at on thisday of 20			
(SIGNATURE AS USED FOR SIGNING CHEQUES)			
ASSISTED BY	SIGNATURE	CAPACITY	
ASSISTED BY	SIGNATURE	CAPACITY	
ASSISTED BY	SIGNATURE	CAPACITY	