

**CHUNA SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LTD.**

Tel.318262/88/65/EXT.28214 Mobile 0733809421/0795951672/ 0202172248

[chunasacco@yahoo.com](mailto:chunasacco@yahoo.com)/[chunasacco@uonbi.ac.ke](mailto:chunasacco@uonbi.ac.ke)**DIRECT DEBIT AUTHORITY FORM (Fill in duplicate)****ORIGINATOR CODE 2268**

<b>ORIGINATOR DETAILS</b>	<b>MEMBER'S/PAYER'S(DISTRIBUTOR) BANK DETAILS</b>	
Bank Details: <b>Barclays Bank of Kenya</b>	<b>Name:</b>	
	<b>Member No:</b>	<b>Payroll No:</b>
Bank Branch: <b>Nairobi University</b>	<b>Id No:</b>	<b>Tel No:</b>
Branch No: <b>083</b>	<b>Bank Name:</b>	
Credit Account: <b>2036640165</b>	<b>Branch Name:</b>	
Reference:	<b>Account No:</b>	

<b>SUMMARY OF DEBITS</b>	
<b>Maximum amount to be debited: Ksh</b>	
<b>Amount in words:</b>	
<b>Frequency: Ad Hoc (i.e. any time/day)</b>	
<b>Start Date:</b>	<b>End Date:</b>

**Terms and Conditions**

1. I/We hereby request, instruct and authorize you to draw against my/our bank account with the above-mentioned bank or any other branch of that bank to which I/we may transfer my/our account.
2. I/We understand that the withdrawals hereby authorized will be affected by Direct Debit transfers and you shall be entitled to treat all such withdrawals as though they have been signed by me/us personally.
3. I/We agree that you shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
4. I/We agree to notify CHUNA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, you shall be entitled, at your discretion, not to effect any such transfer in which event you may make the usual service charge to be paid by me/us.
5. This Authority shall be effective until further notice. I/We agree that any notice of cancellation or variation of this Authority which I/we may give you shall be given at least 30 working days prior to the date on which such cancellation/variation is to take effect and at the same time, such notice shall be given to CHUNA CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD. However, I/We understand and agree that I/we shall not be entitled to any refund of amounts which you may have already withdrawn while this authority was in force if such amounts were legally owing to you.
6. Receipt of this Authority by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).
7. I/We understand that if any Direct Debit Transfer is paid in breach of the terms of this Authority, you shall make a refund upon demand.
8. I/We also understand that any bouncing of the Direct Debits as a result of insufficient funds in my/our account shall attract charges inclusive of applicable taxes.
9. I/We confirm having read and understood the above terms and conditions of direct debit transfer and agree to be bound by the same.

Authorized Signature(s) as per Member's Bank Mandate:

1. _____	2. _____
Signature	Signature
ID No.	ID No.
Date	Date