



**AMREF CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD**  
**P.O BOX 18604-00100**  
**NAIROBI.**  
**Telephone: 0722139585**

**VARIABLE DIRECT DEBIT AUTHORITY FORM**

**Payer's Personal Details**

Payer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_  
Mobile Tel No \_\_\_\_\_  
Date \_\_\_\_\_

**Payers Bank Details:**

The Manager  
Bank Name \_\_\_\_\_  
Branch Name \_\_\_\_\_  
Branch Code \_\_\_\_\_  
A/C Number \_\_\_\_\_  
ID-No. \_\_\_\_\_

**BENEFICIARY DETAILS**

Account Name: AMREF CO-OPERATIVE SAVINGS AND CREDIT SOCIETY LTD

Bank Name: **Co-operative Bank of Kenya Ltd**

Branch Name: **T-MALL - Code 2260**

Account Number: **01120040120800**

Originator Code.....

Member Number.....

Dear Sir/ Madam,

MY AGREEMENT DATED .....

- a) 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..... (Amount in words)..... "the amount necessary for payment of the monthly instalment/premium due in respect of the above mentioned agreement/insurance on the .....day of each and every month commencing on .....and continuing (as the case may be). All such withdrawals from my/our account by you shall be treated as though they have been signed by me/us personally.
- b) 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.
- c) 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.
- d) I/We agree to pay any bank charges relating to this Authority.
- e) 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company/ association, but I/We understand that I/We shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.
- f) Receipt of this Authority by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be)
- g) 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 this.....day of .....20.....

1).....  
(SIGNATURE AS USED FOR SIGNING CHEQUES)

2).....  
(SIGNATURE AS USED FOR SIGNING CHEQUES)

**Bank Use Only**

Verified By: Name..... Signature.....

Date Stamp.