



## MEMBERS DIRECT DEBIT ORDER AUTHORIZATION FORM

I .....of Omang number .....  
authorise Babereki Savings and Credit Cooperative Society to deduct payments for my obligations  
due to it. The reason you may not deduct directly from salary is  
because:

.....

### Details of my bank account

Bank name: ..... Branch: .....

Branch Code: ..... Account number: .....

Effective date of deduction: .....

Monthly date of deduction: .....

Period of deduction from: ..... to: .....

Payment for: **Membership fee:** P.....

**Monthly Savings:** P.....

**SACCOS Shares:** P.....

**Other (specify) .....** P.....

**Total Amount Deduction** P.....

Salary date of payment ..... { Please Tick } **Group 1**  **Group 2**

Previously employed by: Ministry ..... Department .....

Current employer : .....

Current Address: .....

Telephone: Work ..... Home: ..... Cell: .....

Signed by member ..... Date: .....

FOR HEAD OFFICE USE (BABEREKI SAVINGS AND CREDIT COPERATIVE SOCIETY)

**COMMENTS:** .....

**CHECKED BY:** .....

**SIGNATURE:** ..... **DATE:** .....