zuku by WANANCHI

VARIABLE DIRECT DEBIT AUTHORITY

Bank Name: **EQUITY BANK KENYA LTD** Branch Name: **COMMUNITY CORPORATE** Originator Code: **0 6 0 9**	Account Name: **WANANCHI GROUP (K) LTD** Account Number: **0 1 8 0 2 9 0 2 8 1 5 0 3**

Dear Sir/Madam,

I/We, the payer named below, hereby request, instruct and authorize you to draw against my/our account as detailed below with the below mentioned Bank or any other Bank or Branch to which I/we may transfer my/our account the sums noted below, "the amount necessary for payment of the monthly subscription due to as mentioned below"

The first payment under this order falls due on the_____day of_____20_____. All such withdrawals from my/our account by you shall be treated as though they have been signed by me/us personally.

I/we understand that the withdrawals hereby authorized will be debited three days before due date by Direct Debit Transfers and I/we also understand that details of each withdrawal will be printed on my/our bank statement or any accompanying voucher. I/we agree to pay any bank charges relating to this authority where applicable.

This authority may be cancelled by me/us by giving you thirty days' notice in writing to the office of the above mentioned company, but I/we understand that I/We shall not be entitled to any refund of amounts which you have already withdrawn with this Authority while this Authority was in force if such amounts were legally owing to you.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.

I/we understand that if any Direct Debit Transfer is paid which breaches the terms of this Authority, you will make a refund upon demand. I/we have attached a copy of an interim statement/ATM card/cancelled cheque for account confirmation purposes

Payers Details

New ☐ Amendment ☐ Name(s)_____ ID No_____ ZUKU account No_____ Address: _____ Phone/Mobile: _____ Date:_____ Bank Name _____ Branch _____ Bank Account Name_____	Bank Account Number to be debited (Please attach copy of bank ATM card) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Amount to be debited Kshs._____ Amount in words_____ Authorized 1st signatory_____ Authorized 2nd signatory_____ Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly ☐ Due Date ☐☐ ☐☐ ☐☐☐☐

For Wananchi Official Use Only

Application received by _____ _____Designation _____Date_____Signature_____

Billing Manager _____Date _____Signature_____