



The Direct Debit Authority

FROM: Name: _____ TO: The Manager
Address: _____ Bank _____
Tel. No.: _____ Branch Name _____
ID/Passport No. _____ Branch Code _____
Date _____ Account No. _____
Email Address _____

CREDIT ACCOUNT: 0300040047 – CITIBANK N.A.

Originator
Ref:

1	0	0	1																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dear Sir/ Madam

I hereby request instruct and authorise you to draw against my account with the above-mentioned bank or any other bank to which I may transfer my account the sum of KES _____ Amount in words _____ the amount necessary for payment of the monthly instalment on the _____ day of each and every month commencing on _____ (Please chose either 25th, 30th, 5th or 10th) and continuing (as the case may be). All such withdrawals from my account by you shall be treated as though they have been signed by me personally. Any change of amount or dates must be done only after giving me prior notice.

I understand that the withdrawals hereby authorised will be processed by Direct Debit Transfer, and I also understand that details of each withdrawal will be printed on my bank statement or an accompanying voucher. I agree to pay any bank charges relating to this Authority.

This Authority may be cancelled by me by giving HELB thirty days notice in writing, sent by prepaid registered post, or delivered to the registered offices of HELB but I understand that I shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.

I 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 _____

SIGNATURE AS USED FOR SIGNING CHEQUES

NB: Please include email address to enable us send you the statement