HAZINA SACCO SOCIETY LTD

P.O.BOX 59877 – 00200 NAIROBI TEL NO. 2722106/2719098
E-MAIL: info@hazinasacco.or.ke/ hazinasacco@yahoo.com

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PAY POINT PARTICULARS

I .....I/D NO.....

PERSONAL NO..... WISH TO CHANGE MY PAYING POINT FROM

.....BANK .....BRANCH.

ACCOUNT NO | | | | | | | | | | | | | | |

BANK CODE | | | BRANCH CODE | | | |

TITTLE /ACCOUNT NAME.....

STREET/BUILDING.....COUNTY.....

TO MY ACCOUNT NO | | | | | | | | | | | | | | |

AT HAZINA SACCO SOCIETY FOSA, STARTING FROM.....

Where some amount of money constitutes an Overpayment to me, I hereby give irrevocable authority to my bank to return the same to the ministry/ organization.

This authority extends to any other bank or Account to which the said money may be transferred.

This Request supersedes any other request given prior to this date.

SIGNATURE..... DATE.....