

STANDING ORDER FORM

NAME.....

PNO:..... MNO:.....

AUTHORITY TO MAKE STANDING ORDER DEDUCTIONS FROM MY FOSA ACCOUNT

I (FULL NAME)

ID No..... do hereby authorize you to deduct KES.....

from my FOSA Account No..... and pay to:

1. **Mwalimu National FOSA/BOSA payments:**

Accounts	Loan No./Ref	Amount	Int.	Total
Shares				
BBF				
Risk				
Sch. Fees				
Emergency				
Normal				
Development				
Super				
Vision				
Accrued Int. (i)				
FOSA Advance				
Sub-Account				
Accrued Int. (ii)				
TOTAL				

2. **Other (Specify):**

3. **Other Banks:**..... Account Name:.....

Account No.:.....

4. **Other Institutions:**.....

With effect from the month of year 20..... on eachday of the month until

..... This request cancels any other given prior to this date.

I hereby on execution of this form as the applicant explicitly and unambiguously consents to the collection, use and transfer, in electronic or other form, of my personal data as described in this document by the Sacco for the purposes of performance of the standing order and analysis whether in electronic or other form

Name..... Signature..... Date.....

OFFICIAL USE

Verification/approval of account details by:

Name..... Signature..... Date.....

NB: FOSA does not undertake to effect the due date any payment which has not been effected on the due date owing to lack of funds.