



Saphumula Savings & Credit Cooperative Society Ltd.

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BANK DEDUCTION CONSENT FORM

I _____ REQUEST SAPHUMULA

SAVINGS AND CREDIT COOPERATIVE TO EFFECT DEDUCTIONS (EACH MONTH) FROM MY BANK ACCOUNT:

NAME OF BANK:

BANK ACCOUNT NUMBER:

BRANCH NAME:

THE DEDUCTIONS MUST BE MADE ON THE 19 25 30 DAY OF THE MONTH.

EFFECTIVE DATE _____

MEMBERSHIP #: _____

CONTACT #: _____

MEMBER'S SIGNATURE: _____ DATE: _____

AUTHORISED BY: _____ DATE: _____

MANAGER: APPROVAL/ DISPROVAL:

SIGNATURE _____ DATE _____