



Date

Originator Code

DIRECT DEBIT APPLICATION FORM

(Form should be filled in CAPS)

I(We) hereby apply for this service

Collection Account Details (Only KES Accounts)		
	Account Number	Account Name
1		
2		
3		
4		

Key Contact Person		
Name	Mobile Number	Email Address

Designated people to access Direct Debits Platform			
Name	Mobile Number	Mobile Number	Email Address
	<input type="checkbox"/> Maker <input type="checkbox"/> Dual User <input type="checkbox"/> Checker		
	<input type="checkbox"/> Maker <input type="checkbox"/> Dual User <input type="checkbox"/> Checker		
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	<input type="checkbox"/> Maker <input type="checkbox"/> Dual User <input type="checkbox"/> Checker		
	<input type="checkbox"/> Maker <input type="checkbox"/> Dual User <input type="checkbox"/> Checker		

Applicant Details (This section to be signed by authorized signatories to the account only)			
Name	Signature	Designation	Date

FOR OFFICIAL USE ONLY

A. Operations Support Department			
Set-up facilitated by:			
Name	<input type="text"/>	Date	<input type="text"/>
Users created on Direct Debits	<input type="text"/>	Signature	<input type="text"/>



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