SSS: 011



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Website: www.shopperssacco.com

CHANGE OF PAYPOINT FORM

| Name | | |
|--|---------------|--|
| (First name) | (Middle name) | (Surname) |
| Membership No | | Payroll No |
| Postal Address | Code | Town |
| Employer | | |
| Postal Address | Code | Town |
| Station | | |
| RE: PAYPOINT PARTICULARS | | |
| I, | (Full no | ame) of ID No |
| | • | e now or which may thereafter become due in ciety Ltd, for the credit of my Savings Account No |
| | | (Savings Account number) |
| Where same amount of money to the SACCO to return it to my | • • | ment to me, I hereby give IRREVOCABLE authority |
| | | |
| | | |
| Yours faithfully, | | |
| Signature | | |
| Date | | |