



SNAT SAVING AND CREDIT COOPERATIVE SOCIETY

Name:

ID No.:

Address:

Membership No.:

Cell No : Tell No.:.....

Bank Name:Branch Name:Branch Code:

Account Number:

I/We hereby authorize and instruct SNAT Savings & Credit Co-operative Society to draw against my above-mentioned account with the above-mentioned bank the sum of E..... on the..... day of each month commencing on.....ongoing until full repayment of the loan or it is cancelled in writing, with a 30-day notice. Failure to give adequate notice may result in the order being processed.

In the event that the payment falls on a Saturday, Sunday, or any recognized Eswatini public holiday, the payment will automatically be the very next business day. Further, if there are insufficient funds to meet the obligation in the nominated account, you are instructed to track my account and re-present the instruction as soon as sufficient funds are available in my account.

I/We understand that the withdrawal hereby authorized will be processed through a computerized system provided by Eswatini banks and I also understand that the details of each of the withdrawals will be printed on my/our bank statement. I/We agree to pay any charges relating to unpaid/returned debit orders. I/We understand that I/We shall not be entitled to any refunds that SNAT Savings & Credit Co-Operative Society has withdrawn while this authority was in force. Receipt of this instruction by SNAT Savings & Credit Co-operative Society shall be regarded as receipt thereof by my/our bank whichever it will be. I/We agree to changes in the amount related to inflation and interest rate changes while the authority is in force (30-day notice will be given before effecting changes)

Member's Signature: Date:

Officer's Signature: Date: