

DIRECT DEBIT AUTHORITY					Date						
From	(Name of Debtor/Customer) Telephone Number:										
	E-Mail:										
ТО		Manager DFCU Bank Plot 26, Kyadondo Road									
Dear Sir/I	Madam,										
POLICY N	UMBER:										
	ils of my/our b FCU BANK	ank account are	as follo	ows: -							
BRANCH	(NAME AND T	OWN)									
ACCOUN	T NUMBER (<i>al</i>	l boxes must be	filled)			T		1	1		1
and amout the mon Prudential not account to The amount a amount a l/We un also under voucher.	unt in words	k or branch to went / premium Uganda Limi quart and continue treated as thou ble and may be after giving me the withdrawals etails of each went	due in ited terly ling unting they debited / us price thereby withdraw	respect (Companili) have been on various or notice. authorise	of the y) on yearl en signe ous date ed will k	above- they /_ d by me s. I / W	(the a mention All se / us pe /e under	mount r ed insu day half yea such wit rsonally rstand tl Direct D tatemer	rance property of early charawa hat you be bit Transfer and the contract of an and the contract of an and the contract of an analysis of analysis of an anal	y for pay policy he ach and comment Is from it may cha insfer, and d accom	d every ncing on my / our ange the nd I / we npanying
This Auth post, or c we shall i	ority may be on the condition of the condition of the condition of the contition of the condition of the con	nsaction bank che cancelled by me, e offices of the d to any refund of s were legally ov	/ us by g above-n of amou	giving you nentione Ints whic	thirty o	days not any / As	ice in wi sociatio	iting, se n, but I	nt by pr / we un	epaid re derstand	egistered d that I /
Receipt o	of this Authorit	y by you shall be	eregard	ed as rec	eipt the	reof by	my / our	bank (w	hicheve	er it is or	will be).
make a re	efund upon de									ıthority,	you will
Signed at		on	tnis		_ day of		20				
SIGNATU	RE AS USED FO	OR SIGNING CHE	QUES								1
Confirm	Bank Details an	d Signature:				Appro	ved by: _				