

**HARAMBEE
SACCO**



P.O. Box 47815 - 00100 Nairobi
Tel. No. 0709 943 000 / 100
Email: info@harambeesacco.com
Website: www.harambeesacco.com

SALARY AGREEMENT FORM / CHANGE OF PAYPOINT

I _____ ID No. _____

Payroll No/ Personal No. _____ Department _____

Ministry _____ P.O.Box _____

Member Number _____ Telephone _____

1. I, the undersigned do hereby request you to pay all sums of money now due or which may thereafter become due to me in respect of Salary, Allowances or Monthly Pension to:

Name of Bank: **FOSA - HARAMBEE SACCO**

Bank Branch: **NAIROBI**

Account No. _____ With effect from _____

2. I do hereby intend to change my Salary Pay point from Bank _____

Bank Branch _____ Account No. _____

and I declare that I **DO NOT** have any outstanding orders with my previous bank.

This authority supersedes any other authority given by me prior to this date. I undertake **NOT TO** change or stop the above mode of paying my salary without the knowledge and or approval of Harambee Sacco Society FOSA accounts Section.

Signed _____ Rank/ Designation _____ Date _____

Referred By _____ Member No _____

I willingly provide the above personal information and consent to its use as prescribed in the Harambee Sacco Data Protection Policy (the policy is available on the Harambee Sacco website. www.harambeesacco.com)

Signed _____ Date _____

(FOR OFFICIAL USE ONLY)

NAME _____ TITLE _____

SIGNATURE & OFFICIAL STAMP _____ DATE _____

(The salary should be remitted to Harambee Sacco Society through code 8KA 99093)

NB: ATTACH A COPY OF YOUR ID OR SACCO LINK ATM CARD & BANK LETTER OF CLEARANCE IF WITH SALARY ADVANCE LOAN.