



# ECO-PILLAR SACCO SOCIETY LTD

HEAD OFFICE  
P.O. Box 48-30600  
TEACHERS' PLAZA 1<sup>ST</sup> FLOOR  
Tel: .054-62402/020 2626754 Fax: 054-62402  
Email: kapetr sacco@yahoo.com

TURKANA/LODWAR BRANCH  
P.O. Box 395  
TEL: .054-21274  
OPPOSITE KCB  
Email: kapetr sacco@yahoo.com

## BANK FORM

NAME.....

ADDRESS .....

CELL PHONE NO:.....

### THE PRINCIPAL/HEADTEACHER

.....  
.....  
.....

### PAY POINT PARTICULARS

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

STREET/BUILDING \_\_\_\_\_

DISTRICT/COUNTY \_\_\_\_\_

TSC/PF NO. (FILL FROM THE RIGHT) 

--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT TITLE/NAME \_\_\_\_\_  
(AS IT APPEARS ON THE BANK STATEMENT)

Where same amount of money constitutes an overpayment to me, I hereby give irrevocable authority to my Bank to return the same to **MY EMPLOYER** whether or not, I am in service with the employer this authority extends to any other Bank or Account to which the said money may be transferred. This request supersedes any other request given to this date.

SIGNATURE \_\_\_\_\_ I.D NO. \_\_\_\_\_ DATE \_\_\_\_\_

**Note** Attach copies of most recent pay slips, National I.D card and proof of bank account e.g. bank card/plate, your bank form must be forwarded (signed and rubber stamped) by your head of institution/School.