



P.O. Box 75629 - 00200 City Square Nairobi. Stima Sacco Plaza, Mushembi Road, Parklands. Tel: 0703 024 000
Email:customercare@stima-sacco.com

SALARY PAYPOINT

The Paymaster

.....

.....

Dear Sir/ Madam

RE: PAYPOINT PARTICULARS

I.....(Employee name)

Staff No.Member No.

ID No.

do hereby request you to pay all sums of money due to me in respect of salaries or any money that may become due to me in any other form to my **Stima Sacco Account**:

Account No:

9	2	8	0	1								0	0
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Bank: Co-operative Bank of Kenya

Bank Code: 11035

I agree that this instruction is irrevocable without the consent of **Stima Sacco Society Limited** and that it supercedes any other request given by me prior to this date.

Dated thisDay of20

Signature