BUSIA COUNTY GOVERNMENT

PAYPOINT FORM

BUSIA COUNTY GOVERNMENT **ADDRESS**

PRIVATE BAG _____
BUSIA _____

_____

CELL PHONE NO: _____

PAYPOINT PARTICULARS

BANK: **FARIDI SAVINGS AND CREDIT CO-OPERATIVE SOCIETY** BRANCH: **BUSIA**

WORK STATION: _____

COUNTY_____ SUB-COUNTY_____

PAYROLL NUMBER: | | | | | | | | | | | | |

SACCO CODE: 2655 IFMIS NUMBER: 968787

FOSA ACCOUNT NUMBER: | | | | | | | | | | | | | |

ACCOUNT NAME: _____

Where same amount of money constitutes an overpayment to me, I hereby give irrevocable authority to Faridi Sacco to return the same to my Ordinary Savings Account whether or not I am in service with the County Government.

This request supersedes any other request given to this date.

NATIONAL ID/CARD NO _____ **SIGNATURE**_____ **DATE**_____

NB: **Attach a copy of ID**