

NFA Staff SACCO

Monthly Direct-Debit / Auto-Collection Mandate

To DFCU Bank and the member's account-holding bank, subject to formal activation

Application: 2026081836171
Mandate: DFCU-MAND-20260818114349-3bc19c492d
Status: SIGNED

ACCOUNT HOLDER
OJIAMBO DICKSON

PAYER BANK
CENTENARY BANK

ACCOUNT NUMBER
••• 2601

ACCOUNT VERIFICATION
VERIFIED

MONTHLY AMOUNT
UGX 449,783

MAXIMUM AUTHORISED DEBIT
UGX 494,761

COLLECTION DAY
Day 28 of each month

MANDATE PERIOD
2026-08-10 to 2028-09-10

I authorise NFA Staff SACCO, DFCU Bank and my account-holding bank, subject to formal bank or licensed-provider activation, to initiate the monthly debit shown above for repayment of my SACCO loan.

- The debit must not exceed the maximum authorised amount without a new mandate.
- Retries must follow the disclosed SACCO and provider policy.
- Successful collections must be allocated to the exact SACCO loan and reconciled using a unique provider reference.
- I must be notified of material mandate changes, failed collections and applicable charges.
- No mobile-banking PIN, OTP, card PIN or internet-banking password is requested by this mandate.

Activation notice: Signing or uploading this form does not by itself permit a debit. The mandate must be validated and activated by DFCU Bank, the member's bank or the contracted licensed payment provider.

QR-PROTECTED TRUE COPY

Scan to verify this mandate



The public page validates the authenticity signature against the current immutable mandate terms. It displays only masked account-holder and account details.

Public reference

DEBF9A918AB43109B665F5B646D85F70

Authenticity signature

9j9UkeHGUCWScvRTTRmnN-tPvF_hA20wyeKUySENDqs

Document fingerprint

6D13 4027 6F3D DCCA C620 FEE7 A607 2DCA

Privacy notice: verification uses a random public reference and cryptographic authenticity signature. The public verifier does not reveal a full bank-account number, NIN, CRB report, phone number or contact address. Processing is governed by policy version 2026.2, fingerprint 1EC71545B33B25CF33CB. [Read the Data Protection Policy.](#)

Member signature and date

SACCO authorised officer / witness