

NFA Staff SACCO

Monthly Direct-Debit / Auto-Collection Mandate

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

Application: 2026081328417
Mandate: DFCU-MAND-20260813120014-06cc9d7ea0
Status: SIGNED

ACCOUNT HOLDER
EDITH KISAKYE

PAYER BANK
STANBIC BANK

ACCOUNT NUMBER
••• 5329

ACCOUNT VERIFICATION
VERIFIED

MONTHLY AMOUNT
UGX 1,208,334

MAXIMUM AUTHORISED DEBIT
UGX 1,329,167

COLLECTION DAY
Day 28 of each month

MANDATE PERIOD
2026-09-13 to 2029-07-27

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

970D6F719B26B338782C80D9AAA6183C

Authenticity signature

h3SuKYpEzIqsuMU_VwwKZnEroB1z2VPe24uUUijRk0

Document fingerprint

1D67 8951 B17F 2135 BAE8 19A0 D1F3 D34D

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