# THE SECRETARY COUNTY PUBLIC SERVICE BOARD

## BANK FORM

SCHOOLS & ADDRESS

_____

_____

_____

CELL PHONE NO._____

THE SECRETARY

COUNTY PUBLIC SERVICE BOARD

P.O BOX 2489-50200

BUNGOMA

**PAYPOINT PARTICULARS**

BANK_____BRANCH_____

STREET/BUILDING _____

COUNTY_____ DISTRICT_____

DEPT----------

PFNO: | | | | | | | | | | | | |

Bank code | | | Branch code | | | |

ACCOUNT NUMBER | | | | | | | | | | | | | | |

ACCOUNT TITLE/NAME _____

Where any amount of money constitutes an **overpayment** to me, I hereby give irrevocable authority to my **bank** to return the same **to the county public service board** .Whether or not ,I am in service with the board. This authority extends to any **other banks or account** to which the said money may be transferred .

This request supersedes any other request given prior to this Date.

**SIGNATURE _____**

**NATIONAL I/D _____DATE_____**