

華嚴禪寺

Tel: 67888181 Fax: 67788181

## 護持華嚴道場

Reference No.	Batch No.
GMD	

**Yes 是的**

本人同意認捐護持道場

[請打勾√]

○ \$ \_\_\_\_\_  
[please specify other amount 請注明其它款額]

提呈已填寫完整的財路表格，請從本人銀行戶口扣除該款額

## MY PERSONAL PARTICULARS

## 個人資料

Name 姓名 [ Dr/Mr/Miss/Mrs/Mdm/Ms]	英文 [in block letters please]		中文
NRIC No. 身份證號碼			
Address 地址			
Tel 電話	[H手機]	[R住家]	[O公司]
Email 電郵地址			
Date of Birth 出生日期			

Date 日期:

As in Financial Institution's records 依据銀行戶口簽名

# 感恩護持道場

# Thank You

# APPLICATION FORM FOR INTERBANK GIRO

## PART 1: For Donor's Completion [ Fill in the space indicated with √ ]

Date:

√

To: (Name of Financial Institution)

√

Branch:

√

Name of Billing Organisation ["BO"]:

**HUA GIAM SI**

Billing Organisation Customer's Name:

√

Billing Organisation Customer's Reference Number:

- a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name[s]:

√

My/Our Account Number:

√

Amount of Monthly Donation

[Payment Limit]

√ S\$

My/Our Contact (Tel/Fax) Number[s]:

√

My/Our Company Stamp/Signature[s]/Thumbprint[s]\*:

[As in Financial Institution's records]

## PART 2: For Hua Giam SI's Official

Bank				Branch			Billing Organisation's Account No.											
7	3	3	9	5	3	6	8	2	7	5	5	3	0	0	1			

Bank				Branch			Account No. To Be Debited											

Billing Organisation's Customer's Ref. No.											

## PART 3: For Financial Institution's Completion

To: Billing Organisation

This Application is hereby REJECTED [please tick] for the following reason[s]:

- ☐ Signature/Thumbprint # differs from Financial Institution's records
- ☐ Signature/Thumbprint # incomplete/unclear #
- ☐ Account operated by signature/thumbprint #
- ☐ Wrong account number
- ☐ Amendments not countersigned by customer
- ☐ Others: \_\_\_\_\_

Name of Approving Officer:

Authorised Signature:

Date:

# Please delete where inapplicable.

\* For thumbprints, please go to the branch with your identification.