# 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.*