

## INTERBANK GIRO APPLICATION FORM

Please complete PART 1 of this form and return to the Billing Organisation.

Part 1: For Applicant's Completion (fill in the spaces indicated with a ✓)	
✓ Date:	✓ Name of Billing Organisation ("BO"): The Singapore Buddha Sasana Society – Sakya Tenphel Ling
✓ To: Name of Bank / Finance Company:	✓ BO's Customer Name:
✓ Branch:	✓ BO's Customer Reference No:
Payment Limit (Maximum amount to be deducted per transaction):*	Expiry Date of this GIRO Application:*

\*Note: BO should make clear whether this option is applicable or available to their customers.

- (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 do / does not have sufficient funds and charge me/us a fee for so doing. 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 Contact Tel/Fax/Mobile Tel:

✓ \_\_\_\_\_

✓ \_\_\_\_\_

My/Our Account No:

My/Our Company Stamp/Signature(s)/Thumbprint(s):

✓ \_\_\_\_\_

✓ \_\_\_\_\_

(As in Bank/Finance Company's records)

Note: For thumbprints, please go to branch with your identification.

### Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No														
7	3	7	5	0	4	4	1	4	4	3	0	0	9	3	2	4

BO's Customer Ref No									

Bank	Branch	Account No to be debited														
7	3	7	5	0	4	4	1	4	4	3	0	0	9	3	2	4

### Part 3: For Bank / Finance Company's Completion

To: The Manager	(Name & Address of BO)
Attn:	

This application is hereby REJECTED (please tick) for the following reason(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint # differs from Bank's/Finance Co's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumbprint # incomplete/unclear #                     | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint #                      | <input type="checkbox"/> Others: _____                            |

\_\_\_\_\_  
Name Of Approving Officer  
# Please delete where inapplicable

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date