

MONTHLY DONATION VIA GIRO

APPLICATION FOR INTERBANK GIRO

Donor's Name (Or Company Name for Corporate Donations)

Bank Branch No.

Gender

Male / Female

Name of My/Our Bank (POSB/DBS/Others)

My/Our Bank Account No.

My/Our Name(s) as in Bank's Records

NRIC/FIN/UEN No.

My/Our Address

Contact Details

Mobile

Email

1. I/We hereby instruct you to process the BO's instructions to debit my/our account.
2. You are entitled to reject 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.
3. 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 revocation through the BO.

Name of Billing Organisation

Bedok Youth Society for the Disabled

My/Our Signature(s) / Thumbprint(s)

DECLARATION

I hereby authorise the Bedok Youth Society for the Disabled (BYSD) to debit the following amount every month from my account. Please tick () the number of amount you would like to donate.

\$10 \$20 \$30 \$50 Others (please specify amount): _____

FOR OFFICIAL USE ONLY

Attention to: Bedok Youth Society for the Disabled (BYSD)
@ 10 Chai Chee Rd, #01-05, Singapore 467010

Name of Approving Officer/
Authorised Signature / Date

Attn to: Bank/Finance Company
No payment limit applicable

BYSD's Bank	Bank Branch	Account Number
7	1	7
1	1	1
0	6	1
0	6	9
0	1	5
5	7	0

Bank	Branch	Donor's Account No. To Be Debited

Reference No.
G
D

This application is hereby REJECTED. Please tick (✓) for the following reason(s):

- () Signature/Thumbprint* differs from Bank's records () Signature/Thumbprint* incomplete/unclear*
() Account operated by Signature/Thumbprints* () Wrong account number
() Amendments not countersigned by customer () Others _____ * Delete where applicable