

INTERBANK GIRO APPLICATION FORM

Date: _____

I/We would like to make a Donation to Singapore Christian Home.

* Minimum of \$20 to entitled for Tax-Deductible Donation

Part 1: For Applicant's Completion	
Date:	Donor's Name:
To: Name of Bank:	Donor's Name:
Branch:	NRIC / Company Registration Number:
Amount of Donation:	E-mail / Phone (for notification of GIRO approval):
<input type="checkbox"/> One-Time Donation <input type="checkbox"/> Monthly Donation <i>min. donation of \$20 GIRO</i>	Expiry date for this authorisation:

- (a) I/We hereby instruct you to process Singapore Christian Home's instructions to debit my/our account.
- (b) You are entitled to reject Singapore Christian Home'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 Singapore Christian Home.
- (d) It is Singapore Christian Home's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

My/Our Name(s) as in Bank's record:

My/Our Bank Address:

√ _____

√ _____

My/Our Account No:

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

√ _____

√ _____
(As in Bank's records)

Part 2: For Singapore Christian Home (SCH)'s Completion

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

Donor's Reference No

Bank	Branch	Account No to be debited

Part 3: For Bank's Completion

To: Singapore Christian Home

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

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

Name Of Approving Officer
Please delete where inapplicable

Authorised Signature

Date