

INTERBANK GIRO APPLICATION FORM

Please complete PART 1 of this form and return to the Brahm Centre

Part 1: For Applicant's Completion (fill in the spaces indicated with a <input type="checkbox"/>)	
Date:	Name of Billing Organisation ('BO'): Brahm Centre Ltd
To: Name of Bank:	Donor's Name:
Branch:	NRIC No.(For tax deduction by IRAS):

I would like to make a monthly donation of:

☐ S\$200 ☐ S\$100 ☐ S\$50 ☐ S\$25 ☐ S\$10 Other Amount: \$_____

To support the wellbeing programs and the running costs of the centre.

- I/We hereby instruct you to process the BO's instructions to my/our account
- 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 this. You may also, at your discretion, allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force until terminated by your written notice sent to my/your address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s) (Account Holder's Name):
address:

My/Our Contact Tel/Fax/Mobile number(s)/ E-mail

My/Our Bank Account No:

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

(As in Bank/Finance Institution'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 0 1	1 1 0 1 3 3 1 1 5 2 3

BO's

Bank	Branch	Account No to be debited

Part 3: For Bank/Finance Company's Completion

To: Billing Organisation Address, Tel etc

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 customers |
| <input type="checkbox"/> Account operated by signature | <input type="checkbox"/> Others: _____ |

Name Of Approving Office
Please delete where inapplicable

Authorised Signature

Date