



APPLICATION FORM FOR INTERBANK GIRO

PART 1 : FOR APPLICANT'S COMPLETION (fill in the spaces indicated with √)

Date: √	Name of Billing Organisation ("BO") BARKER ROAD METHODIST CHURCH KINDERGARTEN
To: Name of Bank: √	Billing Organisation's Customer's Name: √ Child's Name / Class
Branch: √	Billing Organisation's Customer's Reference Number: √ Child's Birth Cert. No.
Payment limit: (Maximum amount to be deducted per transaction): ^{Note} √	Expiry date of this authorisation: ^{Note} √

- (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.
 (d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

Note: BOs should print and make clear whether this option is applicable or available to their customers.

My/Our Name(s) as in Bank's record: √	My/Our Contact No(s): √ (Office) (Mobile) (Home)
My/our Account Number: √	My/Our Company Stamp/Signature(s)/Thumbprint(s)*: √ (as in bank's records)

* For thumbprints, please go to your bank/finance company with your identification to have your thumbprint taken.

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number	Billing Organisation's Ref. No.
7	1 7 1	0 2 8 0 2 8 0 1 0 4 7 5 8	T

Bank	Branch	Account Number To Be Debited

PART 3 : FOR BANK'S COMPLETION

To: Billing Organisation

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

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

Please delete where applicable

Name of Approving Officer	Authorised Signature	Date