



Public Free Clinic Society APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the shaded spaces)

Date: _____

To: Name of Financial Institution:

Name of Billing Organisation("BO"):

PUBLIC FREE CLINIC SOCIETY

Branch:

Billing Organisation's Donor's Name

Donor's Particular

I.C. No.:

Email:

Address:

Limit for each payment: S\$

/month

Postal Code

- (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.

My/Our Name (s):

My/Our Contact (Tel/HP)

My/Our Account Number:

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

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.
7 3 3 9 5 0 1		7 1 1 5 2 7 0 0 1

Billing Organisation's Donor's Ref No.												
P	F	C										

Bank	Branch	Account No. To Be Debited

Limit for each payment												

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

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

- Signature/Thumbprint# differs from Financial institution's records
- Signature/Thumbprint# incomplete/unclear #
- Account operated by signature/thumbprint #
- Wrong account number
- Amendments not countersigned by donor
- Others: _____

Name of Approving Officer

Authorised Signature

Date

*For thumbprints, please go to the branch with your identification.

Please delete where inapplicable