



银行财路申请表格
APPLICATION FORM FOR INTERBANK GIRO

Part 1 - For Applicant's Completion 申请者填写

(A) Applicant's Details 申请者的资料

申请日期 Application Date	Name of Billing Organization ("BO")
	The Mahaprajna Buddhist Society
英文姓名 Name of Applicant	身份证 / 护照号码 NRIC / Passport
地址与邮区 Residential Address and Postal Code	联络号码 Contact No.

(B) Bank Account Details 银行户口资料

银行 Name of Financial Institution	分行 Branch
户口者的英文姓名 Name(s) of Account Holder	户口号码 Account Number
户口者的联络号码 Account Holder's Contact No.	款额 (整数) Donation Amount
	S\$

- (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 instructions 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 authorization 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.

签名、指模 (依据银行的档案)

Signature(s) / Thumbprint(s)

(As in Financial Institution's record)

* Please note that the deduction will be made on the 20th of each month

Part 2 - For Billing Organization's Completion

Bank	Branch	Billing Organization's Account No
7 1 7 1	0 3 3	0 3 3 0 1 9 8 3 5 3

Billing Organization's Customer Ref. No.

Bank	Branch	Account No. To Be Debited

Part 3 - For Financial Institution's Completion

To: Billing Organization

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

Please delete where inapplicable

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

Name of Approving Officer Authorized Signature Date

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