

# GIRO APPLICATION FORM

## PART 1: FOR APPLICANT'S COMPLETION

(Please fill in all the fields. Incomplete forms may not be processed)

Date:

Name of Billing Organisation (%BO+)

Hebron Christian Preschool

To: My/Our Bank (%Bank+)

Billing Organisation's Customer's Reference No

Payment limit (Maximum amount to be deducted per transaction):

Expiry date of this authorisation:

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- (b) The Bank is 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. The Bank may also at its 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
- (i) the Bank's written notice sent to my/our address last known to the Bank;
  - (ii) upon the Bank's receipt of my/our written revocation; or
  - (iii) upon the Bank's receipt of the notice of expiry from the BO.

My/Our Name (s):

My/Our Contact (Tel/Fax) Number(s):

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

SWIFT BIC	Billing Organisation's Account No	Billing Organisation's Customer Ref No
7339	527-040315-001	

SWIFT BIC	Account No. To Be Debited

## 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 customer
- Others

Name of Approving Officer

Authorised Signature

Date

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

# Please delete where inapplicable