

# DIRECT DEBIT AUTHORISATION FORM

Please mail the completed and signed form to Chen Su Lan Methodist Children's Home, 202 Serangoon Garden Way, Singapore 556057.

## FOR APPLICANT'S COMPLETION

### A. APPLICANT'S PARTICULARS

Name(s) as in bank a/c :

NRIC :

Correspondence Address :

Contact Telephones :

Home :

Office :



Mobile :

Pager :



### B. APPLICANT'S BANK DETAILS

Bank Name :

Bank Branch :

Bank a/c No :

### C. DIRECT DEBIT INSTRUCTION

Name of Billing Organisation (BO) :

Chen Su Lan Methodist Children's Home

Amount :

Please specify :

### D. OTHER INSTRUCTIONS

- I / We hereby instruct you to process the BO's instruction to debit my / our account.
- 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.
- 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's

Signature(s) / Thumbprint(s)\* as in Bank a/c

Date

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

## FOR BILLING ORGANISATION'S COMPLETION

### FOR OFFICIAL USE ONLY

Billing Organisation's Customer Ref. No.

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

Bank	Branch	Debit Account No.

## FOR FINANCIAL INSTITUTION'S COMPLETION

This application is hereby **REJECTED** ( ✓ ) for the following reason(s):

To: **Chen Su Lan Methodist Children's Home**

- Signature / Thumbprint # differs from Financial Institutions records
- Signature / Thumbprint # incomplete / unclear #
- Account operated by signature / Thumbprint #
- Amendments not countersigned by customer
- Wrong account Number
- Others :

*# Please delete where applicable*

Name of Approving Officer

Authorised Signature

Date