



MONTHLY GIRO DONATION 按月财路捐款

DIRECT DEBIT AUTHORISATION 财路扣款表格

To: The Manager
Bank & Branch 银行及分行

My / Our Name (As per bank record) 银行户头姓名

My / Our Bank Account No. 银行户头号码

Limit of each monthly GIRO deduction 按月财路捐款

- \$10 \$20 \$50 \$100 \$500 \$1000 Others : _____

Name of Billing Organisation: **Sian Chay Medical Institution**

Applicant's Name: _____

NRIC / FIN: _____

- I/We hereby authorize you to process Sian Chay Medical Institution's instructions to debit my / our account.
- You are entitled to reject Sian Chay Medical Institution 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 I/we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.
- I/we agree that you shall not be liable for any losses arising from or in any way connected with you so acting, provide that you act in good faith or unless directly caused by or resulting from you or your employee's willful default or negligence.

My/Our Signature(s) 捐款人签名 (According to bank's specimen signature(s))

Date 日期

TO BE COMPLETED BY SIAN CHAY MEDICAL INSTITUTION

BIC	Sian Chay Medical Institution's A/C No.	
SCBL SG SG XXX	0100295797	
BIC	Account Number to be debited	Customer Ref No.

To Be Completed by Financial Institution

To: Sian Chay Medical Institution

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

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

Name of approving officer

Authorized Signature

Date