



APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR DONOR'S COMPLETION

GIRO Instruction

Date: _____

Billing Organisation: **ASSISI HOSPICE**

To: (Name of Bank)

I would like to give:

Monthly \$ _____ (please specify)

Annually \$ _____ (please specify)

Branch: _____

Please debit my / our bank account accordingly.

Please send / do not send annual tax-deductible receipt.

I / We hereby instruct you to process Assisi Hospice's instructions to debit my / our account.

You are entitled to reject Assisi Hospice'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.

I consent to allow Assisi Hospice (AH) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with AH as a donor (Purpose) including communications on AH's activities, programmes and services; donation requests and making disclosures required by law or by a competent authority.

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 Assisi Hospice.

My / Our Name(s) – Dr / Mr / Mrs / Miss / Ms

My / Our Contact:

H _____ O _____ Fax _____

NRIC/FIN/UEN no.

My / Our Bank & Account Number(s):

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

Address:

_____ Postal Code _____

(as in Bank's record)

Email _____

PART 2: FOR ASSISI HOSPICE'S COMPLETION

Bank	Branch	ASSISI HOSPICE Account no	ASSISI HOSPICE Donor's Reference
7 3 3 9	6 4 1	6 6 7 5 9 7 0 0 1	
Bank	Branch	Account no. to be debited	

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: **ASSISI HOSPICE** 832 Thomson Road Singapore 574627

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 applicable