

APPLICATION FORM FOR INTERBANK GIRO

Part 1: For Applicant's Completion

Date: (dd/mm/yyyy)

Name of Billing Organisation ("BO"):

To: Donor Bank

Billing Organisation's Donor Name:

Branch:

Billing Organisation's Donor Account Number:

- 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 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.
- 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 to you through the BO.

My/Our Name(s):

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

My/Our Signature(s)/Thumbprint(s):

Part 2: For Billing Organisation's Completion

Bank

7	1	7	1
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Branch

0	7	0
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Billing Organisation's Account No.

0	7	0	0	0	2	3	5	1	2
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Part 3: For Bank's Completion

To Billing Organisation

This Application is hereby Rejected (please tick) for the following reason(s):

- Signature/Thumbprint# differs from Bank's record
- Signature/Thumbprint# is incomplete/unclear
- Account operated by signature / thumbprint#
- Wrong Account Number
- Amendment 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



HWA

(formerly known as Handicaps Welfare Association)

16 Whampoa Drive Singapore 327725

Tel: 6254 3006 Fax: 6253 7375 Website: <http://www.hwa.org.sg>

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Part 3: Particulars of Donor

Name:

NRIC No.*

Address: (Block No/Building No., Street Name, #Unit Level – Unit No.) (Postal Code)

Handphone

Office Phone

Home Phone

Email

Part 4: Donation Details

I would like to make a monthly donation of \$ _____ to support HWA Programmes and Services.

GIRO (please fill in the GIRO form on the flip side of this form)

Visa / Master Card No. / AMEX

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Expiry Date : _____

Signature: _____

Note:

- *Please state your NRIC Number to enable IRAS to include your tax-deductible donation in your Notice of Tax Assessment
- Tax exempt receipts will be issued for donations of \$50.00 and above
- For enquiries, please call us at 6254 3006 or email us at hwa@hwa.org.sg
- You can also obtain the GIRO form from our homepage – <https://www.hwa.org.sg>

THANK YOU FOR YOUR SUPPORT