

**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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Billing Organisation's Customer Ref No.

DDA Reference No.

**Part 3: For Bank's Completion**

To Billing Organisation

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

- |   |  |
|---|--|
| <input type="checkbox"/> Signature/Thumbprint# differs from Bank's record | <input type="checkbox"/> Wrong Account Number                    |
| <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear      | <input type="checkbox"/> Amendment not countersigned by customer |
| <input type="checkbox"/> Account operated by signature / thumbprint#      | <input type="checkbox"/> Others: _____                           |

Name of Approving Officer: \_\_\_\_\_ Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

#Please delete where inapplicable

**APPLICATION FORM FOR INTERBANK GIRO**

**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](mailto:hwa@hwa.org.sg)
- You can also obtain the GIRO form from our homepage – <https://www.hwa.org.sg>

**THANK YOU FOR YOUR SUPPORT**