

INTER-BANK GIRO AUTHORISATION FORM

PART 1: FOR APPLICANT

Name(s) (As in Bank Account – please state all names for joint account holders)

NRIC No.

Tel No. (Residence)

Tel No. (Office)

Mobile Phone

Name of Billing Organisation (BO) **MASJID ABDUL ALEEM SIDDIQUE**

Mailing Address:

Postal Code:

Bank Name

Branch Code

Bank Account No.

Name of Student (as in BC/NRIC)

BC/NRIC No.

Class

- (a) 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 instructions 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 through the BO.

.....
 My/Our Signature(s)/Thumbprint(s)#
 (As in Bank's record)

PART 2: FOR BILLING ORGANISATION

FOR OFFICIAL USE ONLY	Bank	Branch	Billing Organisation's Account No.	
	7 3 3 9 5 9 1 1 1 8 6 4 1 0 0 1	Bank	Branch	Account No. to be debited
	Billing Organisation's Customer Ref. No.			

PART 3: FOR FINANCIAL INSTITUTION

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

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

Name of Approving Officer

Authorised Signature

Date

* Delete where necessary

For thumbprints please go to the branch with your identification for verification