

# APPLICATION FORM FOR INTERBANK GIRO

## PART 1: FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with ✓)

Date: ✓ _____	Name of Billing Organization ("BO") <b><u>Canossaville Children and Community Services</u></b>
To: Name of Bank: ✓ _____	Name: _____
Branch: ✓ _____	Reference Number _____
Payment limit: (Maximum amount to be deducted per transaction) ✓ _____	Expiry date of this authorization: _____

- 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 through the BO.
- d) It is the BO's responsibility to inform banks upon the expiry of this authorization and to ensure no deductions are made thereafter. BOs should print and make clear whether this option is applicable or available to their customers.

My/ Our Name(s) as in Bank's record ✓ _____	My/ Our Contact Number(s) – HP/Home/ Office: ✓ _____
My/ Our Account Number: ✓ _____	My/ Our Company Stamp/ Signature(s)/ Thumbprint(s)* ✓ _____

(as in bank's records)

## PART 2: FOR CANOSSAVILLE CHILDREN AND COMMUNITY SERVICES TO COMPLETE

Bank	Branch	Billing Organization's Account Number	Billing Organization's Reference Number:
<b>7171</b>	<b>048</b>	<b>0480080006</b>	_____
Bank	Branch	Account Number to be Debited	
_____	_____	_____	

## PART 3: FOR BANK'S COMPLETION

To: Billing Organization

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"/> Wrong account number.                        |
| <input type="checkbox"/> Signature/ Thumbprint# incomplete/ unclear#         | <input type="checkbox"/> Amendments not countersigned by customer/ BO |
| <input type="checkbox"/> Account operated by signature/ thumbprint#          | <input type="checkbox"/> Others: _____                                |

_____	_____	_____
Name of Approving Officer	Authorized Signature	Date

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

#Please delete whenever applicable.