INTER-BANK GIRO AUTHORISATION FORM

MASJID ABDUL ALEEM SIDDIQUE

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	339	591 1118 6410 01
	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):

- ☐ Signature/Thumbprint differs from Bank's records
- ☐ Signature/Thumbprint incomplete/unclear *
- ☐ Account operated by signature/thumbprint *
- ☐ Amendments not countersigned by customer
- ☐ Wrong Account Number
- ☐ Others: _____

Name of Approving Officer	Authorised Signature	Date

* Delete where necessary

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