APPENDIX D

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with T)

Date:

T _____

Name of Billing Organisation ("BO"):

T **GRACE ORCHARD SCHOOL**

To: Name of Financial Institution:

T _____

Billing Organisation's Customer's Name:

T _____

Branch:

Billing Organisation's Customer's Reference Number:

T _____

T _____

(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 authorisation 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 Name(s):

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

T _____

T _____

My/Our Account Number:

My/Our Company Stamp/Signature(s)/Thumbprint(s)*:

T _____

T _____

(As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.
7 1 7 1	0 0 2	0 0 2 9 0 0 3 4 0 0

Billing Organisation's Customer Ref No.

Bank	Branch	Account No. To Be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

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

☐ Signature/Thumbprint# differs from Financial Institution's records
☐ Signature/Thumbprint# incomplete/unclear#
☐ Account operated by signature/thumbprint#
☐ Wrong account number
☐ Amendments 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