DIRECT DEBIT AUTHORISATION FORM

FOR APPLICANT'S COMPLETION

A. APPLICANT'S PARTICULARS

Name(s) as in bank a/c :

NRIC :

Correspondence Address :

Contact Telephones :

Home : Office :

Mobile : Pager :

B. APPLICANT'S BANK DETAILS

Bank Name :

Bank Branch :

Bank a/c No :

C. DIRECT DEBIT INSTRUCTION

Name of Billing Organisation (BO) :

PERTAPIS WELFARE HOME

Amount :

☐ $5 ☐ $10 ☐ $20 ☐ $30 ☐ $50

☐ Others, please specify :

D. OTHER INSTRUCTIONS

- *I / We hereby instruct you to process the BO's instruction to debit my / our account.*
- *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.*
- *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's*

Signature(s) / Thumbprint(s)* as in Bank a/c Date

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

FOR BILLING ORGANISATION'S COMPLETION

FOR OFFICIAL USE ONLY

Billing Organisation's Customer Ref. No.

Bank	Branch	Billing Organisation's Account No.
7339	665	705711-001

Bank	Branch	Debit Account No.

FOR FINANCIAL INSTITUTION'S COMPLETION

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

To: **PERTAPIS WELFARE HOME**
P.O. Box 576 Marine Parade Post Office,Singapore 914403

☐ Signature / Thumbprint # differs from Financial Institutions records

☐ Signature / Thumbprint # incomplete / unclear #

☐ Account operated by signature / Thumbprint #

☐ Amendments not countersigned by customer

☐ Wrong account Number

☐ Others :

 # Please delete where applicable

Name of Approving Officer

Authorised Signature

Date