

GIRO Donation 财路每月捐款

Direct Debit Authorization

PART 1 (FOR DONOR'S COMPLETION 由捐款者填写)

To: The Manager

Bank & Branch Name 银行及分行

Bank Address 银行地址

Name (as in bank account) 户口姓名

Bank Account No. 户口号码

NRIC No. 身份证号码

Please fill in your NRIC No. for tax deduction by IRAS.
请填写你的身份证号码, 以便享有所得税回扣。

Address 地址

Contact No. 联络号码

_____ (O) _____ (H)

Limit of each GIRO Deduction (excluding cents)
每次财路扣除数额 (整元)

Dollars _____ (\$)

Please send me more GIRO forms.
请寄给我更多《财路每月捐款》表格。



仁慈医院
REN CI HOSPITAL

71 Irrawaddy Road Singapore 329562
Tel: 6358 0777 Fax: 6358 0900

Email: renci@renci.org.sg Website: www.renci.org.sg

I / We hereby authorize you to confirm acceptance / rejection of my / our Direct Debit Authorization to Ren Ci Hospital and further authorize Ren Ci Hospital to initiate and you to process debits to my / our account each not exceeding the limit indicated even through this may result in an overdraft or an increase of the overdraft on my / our account. You are entitled to dishonour such payments and may at your discretion levy a fee should my/our account not contain in the necessary funds. You are under no obligation as that provided by me/us and whether or not notice of the bill underlying the debit has been given to me/ us.

This authorization shall continue in force until I / we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this agreement by written notice delivered to my/our address last known to you.

Donor's Signature/
Right Thumb Print
(According to Bank's Specimen)

Date

PART 2 (FOR HOSPITAL'S COMPLETION 由院方填写)

Bank	Branch	Ren Ci Hospital's Account No.
7 3 3 9	6 2 9 5	2 6 1 6 1 0 0 1

Bank	Branch	Account No. to be debited

Ren Ci Hospital's
Donor's Reference No:

Limit of each GIRO
Deduction (excl cents)

R C H		\$									
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PART 3 (FOR BANK'S COMPLETION 由银行填写)

To: Ren Ci Hospital
71 Irrawaddy Road Singapore 329562

Bank	Branch	Ren Ci Hospital's Account No.
7 3 3 9	6 2 9 5	2 6 1 6 1 0 0 1

Bank	Branch	Account No. to be debited

Donor's Name:

Ren Ci Hospital's
Donor's Reference No:

Limit of each GIRO
Deduction (excl cents)

R C H		\$									
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The Direct Debit Authorization in respect of the above-mentioned account is hereby REJECTED (pls tick) for the following reason(s):

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

(* Please delete where inapplicable)

Date

Authorized Signature

Name of Approving Officer:

Name of Bank: