

GIRO Donation 财路捐款

Direct Debit Authorization

Part 1 (Complete part 1 and return this form to Ren Ci Hospital & Medicare Centre)

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. *居名证号码

Address 地址

Singapore ()

Tel No. 电话

(O) (H)

Limit of each GIRO Deduction (exclude cents)

Dollars (\$)

Ren Ci Hospital & Medicare Centre's OCBC Bank Account No.

7 3 3 9 5 5 6 7 0 8 2 4 6 0 0 1

Ren Ci Hospital & Medicare Centre's Donor's Reference No:

R C H



仁慈医院及医护中心
Ren Ci Hospital & Medicare Centre

Blk 9, Level 1, 10 Buangkok View, Singapore 539747

Tel: 6385 0288 Fax: 6385 0388

I/We hereby authorize you to confirm acceptance/rejection of my/our DDA to Ren Ci Hospital & Medicare Centre and further authorize Ren Ci Hospital & Medicare Centre to initiate and you to process debits to my/our account each not exceeding the limit indicated even though 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 the necessary funds. You are under no obligation to ascertain the name on the record of Ren Ci Hospital & Medicare Centre is the same 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 arrangement by written notice delivered to my/our address last known to you.

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

Date

* Please fill in your NRIC No. for automatic tax deduction by IRAS

* 请提供居民证号码, 方便自动扣除所得税

Part 2 (To be completed by Ren Ci Hospital & Medicare Centre)

Bank	Branch	Ren Ci Hospital & Medicare Centre
7 3 3 9 5 5 6	7 0 8 2 4 6 0 0 1	

Bank	Branch	Account No. to be debited

Ren Ci Hospital & Medicare Centre's
Donor's Reference No:

R C H

Limit of each GIRO Deduction
(exclude cents)

\$

Part 3

To : **Ren Ci Hospital & Medicare Centre**

Blk 9, Level 1, 10 Buangkok View, Singapore 539747

Bank	Branch	Ren Ci Hospital & Medicare Centre's Account No.
7 3 3 9 5 5 6	7 0 8 2 4 6 0 0 1	

Bank	Branch	Account No. to be debited

Donor's Name:

Ren Ci Hospital & Medicare Centre's
Donor's Reference No:

R C H

Limit of each GIRO Deduction
(exclude cents)

\$

The Direct Debit Authorization in respect of the above-mentioned account is hereby ACCEPTED/REJECTED.

If rejected :

Date

Authorized Signature

Name of Approving Officer:

Name of Bank:

The shaded areas are for official use