

# APPLICATION FORM FOR INTER-BANK GIRO

BLLS School



(Please Read "Notes" below)

## Part 1 : For Applicant's Completion

Date:	Name of Billing Organisation "BO" <b>BLLS SCHOOL</b>
_____	_____
To : Name of Bank	Student's Name
_____	_____
Branch :	Student's Registration Number
_____	_____

### Note:

- \* You are required to submit one GIRO form for each student.
- \* You will receive a confirmation letter once your application has been approved. Meanwhile, please settle your payment by cash or cheque.
- \* Please maintain sufficient funds in your bank account to cover the deductions. Bank levies service charge for unsuccessful deductions. The deduction will be reflected in your passbook/bank statement.
- \* Deduction will be made on 7th of each month.
- \* Any wrongful deduction made by the School will be refunded in full without any interest.
- \* There is no need to re-apply for GIRO every year once it's activated.
- \* GIRO can be terminated on written request

a) I/we hereby instruct you to process the <i>Billing Organisation's</i> instructions to debit my/our account.
b) You are entitled to reject <i>the Billing Organisation's</i> 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 writtent revocation through <i>the Billing Organisation</i> .

Name(s) of Bank Account Holder(s)	My/Our Contact (Tel/Fax) Number(s):
_____	_____
My/Our Bank Account Number:	My/Our Signature(s)/Thumbprint(s)
_____	_____

(As in Financial Instituion's records)

## Part 2 : For Billing Organisation's Completion

Bank	Branch	Billing Organisation's Account No.
7 1 7 1	0 3 2	0 3 2 0 0 5 6 8 5 7
_ _ _	_ _	_ _ _ _ _ _ _ _ _

Member's Reference No.
_ _ _ _ _ _ _ _ _

Bank	Branch	Account No. to be Debited
_ _ _	_ _	_ _ _ _ _ _ _ _ _

## Part 3 : For Bank's Completion

To Billing Organisation

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

- |  |   |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint* differs from Bank's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumbprint* incomplete/unclear*         | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint*         | <input type="checkbox"/> others: _____                            |

_____	_____	_____
<i>Name of Approving Officer</i>	<i>Authorised Signature</i>	<i>Date</i>

\* delete where applicable

Note: for thumbprints, please go to the branch with your identification