

REACH Community Services Society

Donor's (Applicant) Particulars

Name: _____ Name of Company: _____
Dr/Mr/Mrs/Ms/Mdm (use block letters) (for corporate donor)

Address: _____

 _____ Postal Code _____

Contact No: _____ Email Address: _____

NRIC/Fin No: _____ Company Registration No: _____

Yes! I/We would like to make a monthly GIRO contribution to REACH Community Services Society (RCSS):

\$10 \$20 \$30 \$50 \$100

Other amount \$ _____, with effect from _____ / _____ / _____ (day/month/year).

Direct Debit Authorization by Donor (Applicant)

Name of Bank: _____

Branch: _____

Name (s) as in Bank record:

My/Our Bank A/C No:

Name of Billing Organization ("BO"):
REACH Community Services Society

BO's Bank: OCBC
 A/C No: 501-433239-001

I/We hereby authorize you to process BO's instructions to debit my/our account. You are entitled to reject such payments 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 notice sent to my/our address last known to you upon receipt of my/our written notice delivered to you.

It is the BO's responsibility to inform banks upon the expiry of the authorization and to ensure that no deductions are made thereafter.

 Thumbprint(s)/Signature(s)
 as in bank record.
 Please go to the branch with
 your identification for
 verification of thumbprint(s).

 Date

For Approving Bank's Official Use Only

The Direct Debit Authorization in respect of the above mentioned account is hereby **ACCEPTED / REJECTED** (please tick) for the following reason(s):

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

 Name of Approving Officer Authorised Signature

Date: _____

For RCSS' Use Only

Bank	Branch	RCSS A/C No.
7 3 3 9 5 0 1	4 3 3 2 3 9 0 0 1	

RCSS Donor Reference No:

Bank	Branch	Donor's A/C to be Debited

 Name of RCSS Verifying Officer

Date: _____

Please seal the form firmly and return it to us by post. Thank You for your donation!