



APPLICATION FORM FOR INTERBANK GIRO

Part 1: FOR APPLICANT'S COMPLETION

Date: (DD/MM/YY)	Name of Billing Organisation ("BO"): Church of St. Francis Xavier
To: (Name of Bank)	Name(s) as in Bank Account:
Branch Name:	Donor Reference No.: <i>(for church use)</i>
<ul style="list-style-type: none"> I/We hereby instruct you to process Church of St. Francis Xavier's instruction to debit my/our account. You are entitled to reject this debt 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 authorisation will remain in force until terminated by your written notice sent to my/our address last known to you, upon receipt of my/our written revocation or upon your receipt of the notice of expiry through Church of St. Francis Xavier. 	
My/Our Name(s) as in Bank's record:	My/Our Contact (Tel/Fax) Number(s):
My/Our Account Number:	Donor(s)' Signature(s)/Thumbprint(s):*

Part 2: FOR CHURCH OF ST. FRANCIS XAVIER'S COMPLETION

Bank	Branch	SFX Account No.	
7 1 7 1	0 4 7	9 0 3 6 9 9 7	
Bank	Branch	Account No. to be debited	

Donor Reference No.:

Part 3: FOR BANK'S COMPLETION

To: Church of St. Francis Xavier

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

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

Name of Approving Officer:	Authorised Signature:	Date:

For thumbprints, please go to the branch with your identification.
* Please delete where inapplicable.