

Please fill in your particulars and mail the completed forms (Page 1 & 2) to:

New Life Community Services
10 Jelapang Road Singapore 677770
Attn: Finance Department

Donor Information

Full Name: _____

NRIC/FIN No. _____

Address: _____

Contact No: _____ (HP) _____ (Home)

Email: _____

I would like to make a monthly donation for: (Please tick accordingly)

\$50 \$100 \$200 \$500 Other Amount: \$ _____

Your Bank Details

Name of Bank _____

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(Bank code)

(Branch Code)

(Account No.)

Please complete PART 1 of this form and return to the Billing Organisation

Part 1: For Applicant's Completion (Fill in the spaces indicated with a √)	
√ Date:	√ Name of Billing Organisation ("BO"): New Life Community Services
√ To: Name of Bank/Finance Company	√ BO's Customer Name:
√ Branch	√ NRIC No:

- (a) I / We hereby instruct you to process the BO's instructions to debit my / our account.
- (b) You are entitled to reject the BO's debit instruction if my / our account does not have sufficient funds and charge me / us a fee for so doing. 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 written revocation through the BO.

My / Our Name(s):

My / Our Tel / Fax / Mobile / Pager No(s):

√ _____ √ _____

My / Our Account No:

My / Our Company Stamp / Signature(s) / Thumbprint(s):

√ _____ √ _____

(As in Bank / Finance Company's records)

*For thumbprints, please go to branch with your identification.

Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No
7339	581	473667001

BO's Customer Ref No

Bank	Branch	Account No to be debited

Part 3: For Bank / Finance Company's Completion

To: New Life Community Services 10 Jelapang Road Singapore 677740

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

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

Name Of Approving Officer
Please delete when inapplicable

Authorised Signature

Date