NEW LiFE
COMMUNITY SERVICES

Please fill in your particulars and mail the completed forms to New Life Community Services:

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_____

(Bank code)	*(Branch Code)*	*(Account No.)*

NOTE: By providing personal information, donors are deemed to have given consent for such personal data to be retained and used by New Life for donor management purposes and receiving e-newsletters.

NEW LiFE
COMMUNITY SERVICES

Interbank GIRO Application Form

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
Woods Square Tower 2
6 Woodlands Square, #03-01, Singapore 737737

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