



BATCH NO :
<i>(For Official Use)</i>

APPLICATION FOR INTERBANK GIRO (FOR PAYMENTS & REFUNDS)

PART I : FOR APPLICANT'S COMPLETION
(Please fill in / complete the spaces indicated with ✓ below)

✓ Date :	Name of Billing Organisation : ST. JOSEPH'S INSTITUTION
✓ To : Name of Bank	✓ Name of Student :
✓ Class :	✓ Student's Reference No (NRIC /FIN) :
<p>(a) I/We hereby instruct you to process St. Joseph's Institution's instructions to debit and credit my/our account.</p> <p>(b) You are entitled to reject St. Joseph's Institution's 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.</p> <p>(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 St. Joseph's Institution.</p> <p>(d) Amendments made on the form must be countersigned by the bank account holder.</p> <p>(e) I/We consent to St. Joseph's Institution collecting, using and/or disclosing my/our personal data for the purposes of processing and administering this Interbank Giro payments and refunds arrangement.</p>	
✓ My/Our Name(s) as in Bank Account :	✓ My/Our Contact (Tel/Fax) Number(s):
✓ My/Our Account Number:	✓ My/Our Company Stamp/Signature(s)/Thumbprint(s)*: [*For thumbprints, please go to the branch with your identification]

(As in Bank's Records)

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

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

Student's Reference No (NRIC/Student's Pass/FIN)

Bank	Branch	Account No. To Be Debited/Credited

PART 3 : FOR FINANCIAL INSTITUTION'S COMPLETION

To : St Joseph's Institution

This Application is hereby **REJECTED** (please tick) for the following reason(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 : _____ |

Name of Approving Officer

Authorised Signature

Date

Please delete where inapplicable