



Please mail this completed form to:  
**Christian Communications Singapore**  
 8 Burn Road, #09-15,  
 Trivex, Singapore 369977

**Attn: Finance Department**  
**Tel: 6323 3354**

**Name (Dr/Mr/Mrs/Ms/Mdm):** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**I would like to make monthly donation for:**

*Please tick accordingly*

\$10.00	\$20.00	\$50.00
\$100.00	\$150.00	\$200.00

**Other amount (Please specify):** \_\_\_\_\_

*Minimum amount for Giro Donation is \$5.00*

**Signature / Thumbprint :** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Interbank Giro Application Form

### Part 1: For Applicants's Completion

Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD/MM/YY	Name of Billing Organisation: <b>Christian Communications Singapore</b>
To: Name of Bank / Financial Institution <input style="width: 100%;" type="text"/>	Donor's Name: <input style="width: 100%;" type="text"/>
Branch: <input style="width: 100%;" type="text"/>	Billing Organization's Customer's Reference No. <b>CCS</b>

- (a) I/We hereby instruct you to process Christian Communications Singapore (CCS)'s instructions to debit and credit my/our bank account.
- (b) You are entitled to reject CCS's debit instruction if my/our bank account does not have enough 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.
- (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 CCS.

My / Our Name (s): _____	My / Our Contact Number (s): _____
My / Our Account Number: _____	My / Our Company Stamp / Signature (s) / Thumbprint (s): _____

### Part 2: For Billing Organisation's Completion

<table border="1" style="width: 100%;"> <tr><th>Bank</th><th>Branch</th></tr> <tr><td>7 3 3 9</td><td>6 5 0</td></tr> </table>	Bank	Branch	7 3 3 9	6 5 0	<table border="1" style="width: 100%;"> <tr><th>Billing Organisation's Account No.</th></tr> <tr><td>4 1 9 4 8 4 0 0 1</td></tr> </table>	Billing Organisation's Account No.	4 1 9 4 8 4 0 0 1	Billing Organization's Customer's Reference No. <input style="width: 100%;" type="text"/>
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Bank	Branch	Account No. To Be Debited						

### Part 3: For Bank / Financial Institution's Completion

To : Finance Department  
 Christian Communications Singapore | 8 Burn Road, #09-15, Trivex, Singapore 369977

This application is hereby rejected (Please tick) for the following reason(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Wrong account number  | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Signature/Thumbprint differs from Financial Institution's records | <input type="checkbox"/> Account operated by signature/thumbprint |
| <input type="checkbox"/> Signature/Thumbprint incomplete/unclear                           | <input type="checkbox"/> Others:                                  |

Name of approving officer _____	Authorised Signature _____	Date _____
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