



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: Christian Communications Singapore
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. CCS

- (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><th>Billing Organisation's Account No.</th></tr> <tr> <td style="text-align: center;">7 3 3 9</td> <td style="text-align: center;">6 5 0</td> <td style="text-align: center;">4 1 9 4 8 4 0 0 1</td> </tr> </table>	Bank	Branch	Billing Organisation's Account No.	7 3 3 9	6 5 0	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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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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