

## GIRO APPLICATION FORM FOR MONTHLY DONATION

## PART 1: FOR APPLICANT'S COMPLETION

(Please fill in all the fields. Incomplete forms may not be processed)

**DONOR DETAILS** Your donation is eligible for 2.5 times tax deduction. Please provide your particulars, especially your NRIC/FIN No., for submission to the Inland Revenue Authority of Singapore for automatic tax deduction. Title: ☐ Mr ☐ Mdm ☐ Ms ☐ Mrs ☐ Rev ☐ Dr ☐ Prof Full Name (as in NRIC/FIN): NRIC / FIN No.: Email: Contact No.: Mailing Address: \_\_\_\_\_ Postal Code: **Monthly Donation:** □ \$50 □ \$100 □ \$500 □ \$1,000 □ Others: Name of Billing Organisation ("BO"): Date: \_ Bethesda CARE Centre Billing Organisation's Customer's Reference No.: To: My / Our Bank ("Bank") (To be filled in by BCARE) a) I / We hereby instruct the Bank to process the BO's instructions to debit my / our account. The Bank is entitled to reject the BO's debit instruction if my / our account does not have sufficient funds and charge me / us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly. This authorisation will remain in force until: the Bank's written notice sent to my / our address last known to the Bank; upon the Bank's receipt of my / our written revocation; or upon the Bank's receipt of the notice of expiry from the BO. My / Our Name(s): My / Our Contact Number(s): My / Our Bank Account Number: My / Our Signature(s) / Thumbprint(s)\*: (As in Financial Institution's records) PART 2: FOR BILLING ORGANISATION'S COMPLETION **SWIFT BIC** Billing Organisation's Account No. Billing Organisation's Customer Ref No. 629042045001 OCBC SGSG SWIFT BIC Account No. To Be Debited PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION To: BILLING ORGANISATION This Application is hereby REJECTED (Please tick ✓) for the following reason(s): ☐ Signature/thumbprint# differs from Financial Institution's records Wrong Account Number ☐ Signature/thumbprint# incomplete/unclear# ☐ Amendments not countersigned by customer ☐ Account operated by signature/thumbprint# □ Others Name of Approving Officer **Authorised Signature** Date \* For thumbprints, please go to the branch with your identification.

By submitting this form, you hereby consent to BCARE collecting, using, disclosing and storing your personal data for the following purposes:

- a) Administering your donations to BCARE (including submission to IRAS for tax deduction purpose);
- b) Communications pertaining to your donations; and
- c) Communicating and updating you on other charity initiatives or related activities organised by BCARE.

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Please seal with glue or clear tape

<sup>\*</sup>Please delete where inapplicable.

#### **HOW INTERBANK GIRO WORKS**

You can make a monthly donation to BCARE through the InterBank Giro.

#### STEPS:

- Fill in the InterBank Girl Form. This form will instruct your Bank to make automatic deductions from your savings or current account to process your monthly donation.
- Return the completed form on this page and mail it back to: Bethesda CARE Centre Blk 242 Hougang St 22 #01-93 Singapore 530242
- Please maintain sufficient funds in the account to cover the full donation amount.

#### **GENERAL INFORMATION**

- The average processing period for your application by BCARE and the Banks is about 2 months. BCARE will inform you of the commencement date for the deduction.
- 2. The GIRO deduction will be on the 15<sup>th</sup> of the month and if unsuccessful it will be on the 3<sup>rd</sup> of the following month.
- 3. Please inform BCARE and your Bank if you wish to terminate or change your InterBank GIRO Service.
- Any queries regarding the donation deducted should be directed to BCARE at 6340 4161.

Please seal with glue or clear tape

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# **INTER-BANK GIRO**

# BETHESDA CARE CENTRE

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Please affix stamp here

Bethesda CARE Centre Blk 242 Hougang St 22 #01-93 Singapore 530242