

# GIRO FORM

## MONTHLY CONTRIBUTION

I would like to contribute the following amount **monthly by GIRO** to Ain Society (please tick ✓):

\$5  \$50  Other Amount: \$ \_\_\_\_\_ OR

I attached herewith cheque of \$5 / \$50 / \$\_\_\_\_\_ \* payable to AIN SOCIETY

## YEARLY CONTRIBUTION

I would like to contribute the following amount **yearly by GIRO** to Ain Society (please tick ✓):

\$60  \$600  Other Amount: \$ \_\_\_\_\_ OR

I attached herewith cheque of \$60 / \$600 / \$\_\_\_\_\_ \* payable to AIN SOCIETY

## PERSONAL PARTICULARS

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (Home) \_\_\_\_\_ (H/P): \_\_\_\_\_ Email: \_\_\_\_\_

## Application for Inter-Bank GIRO

### Part 1: For DONOR's Completion

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

Name of Billing Organisation: **AIN SOCIETY**

To: \_\_\_\_\_ (Name of Bank)

Donor's Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Donor's NRIC/Passport No: \_\_\_\_\_

Donor's Bank Account No: \_\_\_\_\_

- I/We hereby instruct you to process AIN SOCIETY instructions to debit my/our account
- You are entitled to reject AIN SOCIETY 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
- This authorization 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 AIN SOCIETY

Thumbprint(s) / Signature(s) as in Bank's Record:

## FOR OFFICIAL USE

### Part 2: For AIN SOCIETY Completion

Bank	Branch	Account No
7 3 3 9	6 4 0	4 4 8 8 7 4 0 0 1

Bank	Branch	Account No to be Debited

AIN SOCIETY Customer Ref No

### Part 3: For Bank's Official Use Only

To: **AIN SOCIETY – Serenity Social Service Centre**  
**Bik 2 Eunus Crescent #01-2545 Singapore 400002**

This application is hereby REJECTED (please ✓) for the following reason(s):

- Signature/Thumbprint\* differs from Bank records  
 Signature/Thumbprint\* incomplete/unclear\*  
 Account operated by signature/thumbprint\*  
 Wrong account number  
 Amendments not countersigned by customer  
 Others:

\_\_\_\_\_  
 Name of Approving Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorised Signature