NF ☐☐☐☐☐☐ CODE WWW/00 ☐☐☐☐

THE SOCIETY FOR THE PHYSICALLY DISABLED

Application Form for Interbank GIRO

PART 1: FOR APPLICANT'S COMPLETION (*Please fill in the unshaded boxes*)

DATE	
TO (*Name of bank*)	
BRANCH	

NAME OF BILLING ORGANISATION

THE SOCIETY FOR THE PHYSICALLY DISABLED

DONOR REFERENCE NO. (To be completed by SPD)

Yes, I am pleased to make a monthly contribution of the following amount: (please ✔)

☐ $5 ☐ $10 ☐ $20 ☐ $30 ☐ $50 $ ☐ Other amounts (*Please indicate*)

(a) We hereby instruct you to process The Society for the Physically Disabled's instructions to debit my/our account.

(b) You are entitled to reject The Society for the Physically Disabled's debit instructions 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.

(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 Society for the Physically Disabled.

MY/OUR NAME(S) AS IN BANK ACCOUNT: (Please underline surname)

Dr/Mr/Ms/Mdm:

MY/OUR CONTACT NO(S).

Residence/Office/Pager/HP	Email

MY/OUR BANK ACCOUNT NO:

MY/OUR SIGNATURE(S) / THUMBPRINT(S) * / COMPANY STAMP

(as in bank record)

**For thumbprint, please go to the branch with your identification*

MY/OUR ADDRESS	*NRIC NO. *(FIN No. for foreigners)*
	**Please state your NRIC number to enable IRAS to include your tax-free donation in your Notice of Tax Assessment*

PART 2: FOR SPD'S COMPLETION

BANK		BRANCH			SPD'S BANK ACCOUNT NO.									
7	1	7	1	0	2	4	0	2	4	0	0	6	1	2	0	5

DONOR REFERENCE NO. *(To be completed by SPD)*

BANK				BRANCH			ACCOUNT NO. TO BE DEBITED (*DONOR'S*)										

PART 3: FOR BANK'S COMPLETION

To: Fundraising Department
The Society for the Physically Disabled
2 Peng Nguan Street
SPD Ability Centre
Singapore 168955

Tel: 6236 6372
Fax: 6323 7008
Email: Katherine_OEN@spd.org.sg

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

☐ **Signature/thumbprint# differs from bank's record**
☐ **Signature/thumbprint# incomplete/unclear#**
☐ **Account operated by thumbprint/signature#**
☐ **Wrong account no.**
☐ **Amendments not countersigned by Donor**
☐ **Others**

Name of Approving Officer | *Authorised Signature* | *Date*

 # Please delete where inapplicable