CODE

GIRO Application for Monthly Donation

(Please allow 4-6 weeks for processing)

PART 1: FOR DONOR's COMPLETION

DATE	
TO (*Name of bank)*	
BRANCH	

NAME OF BILLING ORGANISATION

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 ✓)

☐ **$100** ☐ **$80** ☐ **$50** ☐ **$30** ☐ **$10** **$** _____ **Other amounts (Please indicate)**

(a) I/ We hereby instruct you to proceed with 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/do 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 write in block letters and underline surname)**	***NRIC NO. *(FIN No. for foreigners)***
Male Female	**Please state your NRIC number to enable IRAS to include your tax-free donation in your Notice of Tax Assessment*

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: (Please write in block letters)

Postal code: ( )

MY/OUR CONTACT DETAILS:

*Tel:*_____ **#Home/Office** **HP:**_____ *Email:* _____

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
Society for the Physically Disabled
2 Peng Nguan Street
SPD Ability Centre
Singapore 168955

Tel: 6579 0708
Fax: 6323 7008

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 applicable