

Direct Debit Authorisation via Interbank GIRO



Cerebral Palsy Alliance Singapore

Cerebral Palsy Centre, 65 Pasir Ris Drive 1, Singapore 519259

Donation via GIRO

For Applicant's Completion and mail to: CPAS, CP Centre, 65 Pasir Ris Drive 1, Singapore 519259.

Name: (Dr / Mr / Mrs / Ms / Mdm) _____

Address: _____ S.(_____)

NRIC NO: _____ Contact: _____ Email: _____

Being Donations for: **Building & Improvement Fund**
Early Intervention Programme
Day Activity Centre

GRO Sheltered Workshop
Public Education
General Donation

Kindly limit each monthly Giro deduction (excluding cents) to : Dollars: S\$ _____

Name of bank: _____ Branch: _____ Name(s) as in bank record: _____ _____ Bank Account Number: _____ Name of billing organisation: Cerebral Palsy Alliance Singapore	<ul style="list-style-type: none"> I/We hereby instruct you to process the Cerebral Palsy Alliance Singapore's instructions to debit my / our account. You are entitled to reject the Cerebral Palsy Alliance Singapore debit instructions if my account does not have sufficient funds and charge me a fee for this. The authorisation will remain in force until it is terminated by your written notice sent to our address last known to you or upon receipt of my / our written revocation through the Cerebral Palsy Alliance Singapore. 	<p>Thumbprint(s) / Signature(s) As in bank record Please go to the branch with your identification for thumbprint (For thumbprints – go to branch with your identification)</p> <p>_____</p> <p>Date</p>
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* Donations above SGD\$50.00 is eligible for tax exemption. This will be automatically processed by the Inland Revenue Authority of Singapore (IRAS) with your NRIC or UEN number.

* Information of individuals provided on this form will only be used to process the donation.

For Cerebral Palsy Alliance Singapore's Completion

Bank	Branch	Cerebral Palsy Alliance Spore - A/c No.
7	1	4 4 0 0 1 0 1 0 2 0 8 2 9 8 7

Name of Child: _____

Bank	Branch	Account No to be Debited:

Birth Cert No: / Donation Ref No. _____

For Bank's Official Use Only

To: Cerebral Palsy Alliance Singapore

THIS APPLICATION IS HEREBY APPROVED / REJECTED FOR THE FOLLOWING REASON(S):

- | | |
|---|--|
| <input type="checkbox"/> Signature / Thumbprint* differs from the bank's record | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature / Thumbprint* incomplete / unclear* | <input type="checkbox"/> Amendments not countersigned by applicant |
| <input type="checkbox"/> Account operated by signature / thumbprint* | <input type="checkbox"/> Others: _____ |

(* delete where applicable)

Name of Approving Officer

Authorised Signature

Date