

**APPLICATION FOR INTERBANK GIRO  
PART 1: FOR APPLICANT'S COMPLETION**

Date:

Name of Billing Organisation

SINGAPORE UNIVERSITY OF SOCIAL SCIENCES

To : Name of Bank

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Branch

Student Name :

Student NRIC No.:

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My / Our Name (s) As In Bank Account:

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My / Our Bank Account No.:

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My / Our Contact (Tel/Pager/Handphone) No(s).:

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- (a) I/We hereby instruct you to process the BO's instruction to debit my/our account.
- (b) You are 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. You may also at your discretion allow to debit even if this results in an overdraft on the account and impose charges accordingly.  
Note: An administration fee of \$10.70 (inclusive 7% GST) will be imposed for every unsuccessful deduction attempt.
- (c) 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 the BO.
- (d) Amendments made on the form must be countersigned by applicant.

My/Our Signature(s)/Thumbprint(s)\*/Company Stamp (as in bank's record)

**PART 2: FOR BILLING ORGANIZATION'S COMPLETION**

SWIFT BIC	Billing Organisation's Account No.
CITISGSGXXX	0821738032

Billing Organisation's Customer Ref No.

SWIFT BIC	Account no. To Be Debited

\_\_\_\_\_  
Verified By Billing Organisation/ Date

**PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION**

To: Billing Organization  
Regional Cash Process Management Unit (RCPMU)  
3 Changi Business Park Crescent, Level 7  
Singapore 486026  
Attention: ASD Department

This Application is hereby REJECTED (please tick) for the following reason(s):

- |  |   |
|--|---|
| <p><input type="checkbox"/> Signature/Thumbprint** differs from Financial Institution's records</p> <p><input type="checkbox"/> Signature/Thumbprint** incomplete/unclear**</p> <p><input type="checkbox"/> Account operated by signature/thumbprint**</p> | <p><input type="checkbox"/> Wrong account number</p> <p><input type="checkbox"/> Amendments not countersigned by customer</p> <p><input type="checkbox"/> Others: _____</p> |
|--|---|

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

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

\_\_\_\_\_  
Date

\* For thumbprints, please go to the branch with your identification.

\*\* Please delete where inapplicable