

APPLICATION FORM FOR INTERBANK GIRO



Part I FOR APPLICANT'S COMPLETION

Date	Name of Billing Organisation (BO) CLUB HEAL
My/Our Bank & Branch	My/Our Address
My/Our Contact Number(s)	Amount to be deducted monthly (Tick one box only) <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Others: _____ <small>(Please specify)</small>

- (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 for a fee. 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 upon receipt of my/our written revocation through the BO.

My/Our Name(s)	My/Our NRIC Number(s)
My/Our Account Number <small>(As in bank/finance company records) For thumbprints, please go to your branch with your identification.</small>	My/Our Signature/Thumbprint(s)

Part II FOR BILLING ORGANISATION'S COMPLETION

Bank Branch Club HEAL's Account Number 7339 641 641-372131-001	Billing Organisation's Customer Reference Number
Bank Branch Account Number to be Debited	

Part III FOR BANK/FINANCE COMPANY'S COMPLETION

To: Finance & Administration Office

**CLUB HEAL
BLK 244 BUKIT BATOK EAST AVE 5
#01-02
SINGAPORE 650244**

This application is **rejected** for one of the following reasons:-

- Signature/thumbprint differs from bank/finance company records
- Signature/thumbprint incomplete/unclear
- Account operated by thumbprint/signature
- Wrong account number
- Amendments not countersigned by customer
- Others:

Name of Approving Officer	Signature of Approving Officer	Date
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