



药师行愿会

Buddha of Medicine Welfare Society

11, LORONG 25, GEYLANG, SINGAPORE 388293 TEL : 6741-9969 FAX : 6741-9939

Website : www.bmws.org.sg Email address : admin@bmws.org.sg

DIRECT DEBIT AUTHORIZATION

Please complete and return to Buddha of Medicine Welfare Society

PART 1 : FOR APPLICANT'S COMPLETION

To : The Manager
<i>(Receiving Bank and Branch Name)</i>
My / Our Name (as in bank account) 姓名(与银行户口相同):
My / Our Bank A/C No. 银行户口号码
My/our Company Stamp/Signature(s)/Thumbprint(s) [as in bank's records] 印章/签名/指纹(与银行户口相同)
Effective Date 生效日期:

Name of Billing Organization ("BO") 接受捐款户口名称: BUDDHA OF MEDICINE WELFARE SOCIETY
My Address 地址:
S
My NRIC / Passport No. 捐款者身份证/护照号码:
Tel / Pager / Mobile / Fax 电话/传呼机/手提电话/传真机:

I wish to make monthly Interbank Giro application in the amount indicated with tick in the box below :

S\$10.00 S\$20.00 S\$30.00 S\$50.00 S\$_____ other amount (please indicate)

- (a) I / We hereby authorize you to process the BO's instructions to debit my / our account.
- (b) You are entitled to reject the BO's debit instructions if my / our account does not have sufficient funds and charge me / us for 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 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.

PART 2 : FOR BILLING ORGANIZATION'S COMPLETION

Bank	Branch	Billing Organization's Account No.
7 3 3 9	5 0 9	0 9 2 7 3 0 - 0 0 2

Donor's Reference									
B	M	W	S						

Bank	Branch	Account No. To Be Debited

PART 3 : FOR BANK'S COMPLETION

To : Billing Organization

The Direct Debit Authorization in respect of the abovementioned account is hereby * ACCEPTED / REJECTED.
If rejected, reason :

Name of Approving Officer

Bank's Authorized Signature / Date

* delete as appropriate