



St. James' Church Kindergarten (Gilstead)

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Direct Debit Authorisation Instructions for GIRO/Child Development Account Application

Please ensure the following are attached with your Application forms:

1. Copy of monthly Statement Of Accounts (for purpose of verification of account name & number)
2. A copy of the CDA account holder's Birth Certificate (sibling only), if CDA account holder is not the child who is enrolling into SJCK **AND** sibling is not currently enrolled in SJCK

All application forms **MUST** be completed **in ink** and any amendments **MUST BE COUNTERSIGNED** by parent account holder. No correction fluid is allowed to be used on the form.

Application will take 4 - 6 weeks to process by the bank.

Registrar

Revised Dec 2016

CHILD DEVELOPMENT ACCOUNT (CDA) INTERBANK GIRO APPLICATION FORM

Please **FILL IN PART 1** of this form, **PRINT** it out, **SIGN** and **RETURN** to the Approved Institution.

| PART 1: FOR TRUSTEE'S COMPLETION (FILL IN THE SPACES INDICATED WITH A *) | | |
|--|--|--|
| * Date (DD/MM/YYYY): | * Name Of Approved Institution ("AI"): ST. JAMES' PRESCHOOL SERVICES (ANGLICAN) LTD. | |
| * To: Name Of Trustee: | * Child's Name (as in CDA): | |
| * Mobile Number: | * Child's Birth Certificate: | |
| * Home Number: | * Child's CDA Number: | |
| (a) I/We hereby instruct you to process the AI's instructions to debit my/our account. (b) You are entitled to reject the AI's debit instruction if my/our account does not have sufficient funds. (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 AI. | | |
| Trustee's Signature/Thumbprint**: | | |
| <small>(As In Bank/Finance Company's Records) **For thumbprints, please go to the branch with your identification.</small> | | |
| PART 2: FOR APPROVED INSTITUTION'S COMPLETION | | |
| SWIFT BIC: UOVBSGSG | Approved Institution's Account No.: 451-305-191-8 | Approved Institution's Customer Ref No.: T |
| SWIFT BIC: | Account No. To Be Debited: | |
| PART 3: FOR BANK/FINANCE COMPANY'S COMPLETION | | |
| To: The Manager | | (Name and Address of Approved Institution) |
| Attn: | | |
| This application is hereby REJECTED (please tick) for the following reason(s): | | |
| <input type="checkbox"/> Signature/Thumbprint# differs from bank's/finance co's records | <input type="checkbox"/> Wrong account number | |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by customer | |
| <input type="checkbox"/> Account operated by signature/thumbprint# | <input type="checkbox"/> Others: _____ | |
| _____ Name Of Approving Officer | _____ Authorised Signature | _____ Date (DD/MM/YYYY) |
| <small>#Please delete where inapplicable</small> | | |