



St. James' Church Kindergarten (Harding)

29 Harding Road, S. 249537 · Tel: 64766026 · Fax: 64766029 · Email: info@sjck.org.sg · Website: www.sjck.org.sg

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**:

(As In Bank/Finance Company's Records)

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

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)	

#Please delete where inapplicable