



# St. James' Church Kindergarten (Harding)

29 Harding Road, S. 249537 · Tel: 64766026 · Fax: 64766029 · Email: [info@sjck.org.sg](mailto:info@sjck.org.sg) · Website: [www.sjck.org.sg](http://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"): <b>ST. JAMES' PRESCHOOL SERVICES (ANGLICAN) LTD.</b>
* 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: <b>UOVBSGSG</b>	Approved Institution's Account No.: <b>451-305-191-8</b>	Approved Institution's Customer Ref No.: <b>T</b>
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