



St. James' Church Kindergarten (Leedon)

1 Leedon Road, S. 267828 · Tel: 62197246 · Fax: 64684770 · Email: leedon@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



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INTERBANK GIRO APPLICATION FORM

Please complete PART 1 of this form and return to the Billing Organisation.

Part 1: For Applicant's Completion (fill in the spaces indicated with a ✓)	
✓ Date:	✓ Name of Billing Organisation ("BO"): ST. JAMES' PRESCHOOL SERVICES (ANGLICAN) LTD.
✓ To: Name of Bank / Finance Company:	✓ BO's Customer Name (Child's Name and Class):
✓ Branch:	✓ BO's Customer Reference No (Child's Birth Certificate):

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
 (b) You are entitled to reject the BO's debit instruction if my/our account do / does not have sufficient funds and charge me/us a fee for so doing. 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 or upon receipt of my/our written revocation through the BO.

My/Our Name(s):

My/Our Contact Tel/Fax/Mobile Tel:

✓ _____

✓ _____

My/Our Account No:

My/Our Company Stamp/Signature(s)/Thumbprint(s):

✓ _____

✓ _____

(As in Bank/Finance Company's records)

Note: For thumbprints, please go to branch with your identification.

Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No
7 3 7 5	0 0 1	4 5 1 3 0 5 1 9 1 8

BO's Customer Ref No

Bank	Branch	Account No to be debited

Part 3: For Bank / Finance Company's Completion

To: The Manager (Name & Address of BO)

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
Please delete where inapplicable

Authorised Signature

Date