



In the Name of Allah, The Most Gracious, The Most Merciful

MADRASAH AL-ARABIAH AL-ISLAMIAH

المدرسة العربية الإسلامية

No. 1 Lorong 6 Toa Payoh, Singapore 319376 Tel : 6744 4749 Fax : 6744 5057

**Part 1 : For Applicant's Completion (Fill in the spaces indicated with □)**

Date:

□ \_\_\_\_\_

To : Name of Accounts Holder Bank /Financial Institution

□ \_\_\_\_\_

Branch :

□ \_\_\_\_\_

Name of Billing Organisation "BO" :

Madrasah Al-Arabiah Al-Islamiah \_\_\_\_\_

Accounts Holder Name:

□ \_\_\_\_\_

Accounts Holder NRIC Number:

□ \_\_\_\_\_

<input type="checkbox"/> Name of Child	<input type="checkbox"/> Birth Cert / NRIC Number	<input type="checkbox"/> Class/ Currently OUB GIRO

- (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 does not have sufficient funds and charge me/us 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 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) (Account Holder's Name)

□ \_\_\_\_\_

My/Our Account Number :

□ \_\_\_\_\_

My/Our Contact (Tel/Fax) Number(s)/E-mail address:

□ \_\_\_\_\_

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

□ \_\_\_\_\_

(As in Financial Institution's records)

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

**Part 2 : For Billing Organisation's Completion**

Bank	Branch	Billing Organisation's Account No.
7 3 3 9	5 9 1	1 0 7 0 3 2 0 0 1

Billing Organisation's Customer's Ref No.

Bank	Branch	Account No. to be Debited

**Part 3 : For Financial Institution's Completion**

To : Billing Organisation, Address, tel etc

This Application is hereby REJECTED (please tick) for the following reason(s):

- Signature/Thumbprint\* differs from Financial Institution's records
- Signature/Thumbprint\* incomplete/unclear\*
- Account operated by signature/thumbprint
- Wrong account number
- Amendments not countersigned by applicant
- Others : \_\_\_\_\_

Name of Approving Officer

Authorised Signature and Stamp of Financial Institution

Date