



MADRASAH AL-ARABIAH AL-ISLAMIAH

مدرسة العربية الإسلامية

1 Lor 6, Toa Payoh S(319376) | Tel: 6744 4749 | Fax: 6744 5057 | Email: admin@mai.sg

**DIRECT DEBIT AUTHORISATION (IBG APPLICATION)**

<b>Part 1: For Donor's Completion</b>					
To: The Manager (Name of My/Our Bank)		Date			
My/Our Bank/Finance Account No		My/Our Reference No (NRIC)			
Important: 1. I/We hereby authorize you to confirm acceptance/rejection of my DDA to the Madrasah Al-Arabiah Al-Islamiah (MAI) and further authorize MAI to initiate and you to process debits to my/our account even though this may result in an overdraft or an increase of the overdraft on my/our account. 2. You are entitled to dishonour such payments and may at your discretion levy a fee should my/our account not contain the necessary funds. You are under no obligation to ascertain in the name on the record of MAI is the same as that provided by me/us and whether or not notice of the bill underlying the debit has been given to me/us. 3. This authorization shall continue in force until I/we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you. 4. I/We agree that you shall not be liable for any losses arising from or in any way connected with you so acting, provided that you act in good faith or unless directly caused by or resulting from your willful default or negligence.					
Donor's Name					
Donor's Address		Donor's contact info (HP /Tel)			
My/Our Signature(s)/Thumb print (**) as in Bank's records					
** For thumbprint(s), please go to the Bank's respective branch with your ID.					
<b>Please (√) your contribution</b>					
<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Others \$ _____
<b>Part 2 : For MAI'S Completion</b>					
Name of Billing Organization <b>MADRASAH AL-ARABIAH DEVELOPMENT FUND</b>					
<b>Swift BIC</b>	<b>Muis Bank A/C No.</b>	<b>Swift BIC</b>	<b>A/C No. to be debited</b>		
OCBCSGSGXXX	695-189514-001				
<b>B.O Use only</b>		<b>Ref No.</b>			
<b>Part 3 : For Financial Institution's Completion</b>					
To: <b>Singapore Islamic Hub 273 Braddell Road, Singapore 579702</b>					
This application is hereby REJECTED (√) for the following reason(s):					
<input type="checkbox"/> Signature/thumbprint* differs	<input type="checkbox"/> Wrong account number				
<input type="checkbox"/> Signature/thumbprint incomplete/unclear*	<input type="checkbox"/> Amendments not countersigned by donor				
<input type="checkbox"/> Account operated by thumbprint/signature*	<input type="checkbox"/> Others _____				
Name of Approving Officer		Authorized Signature	Date		