



89 Short Street  
08-08 Golden Wall Centre  
S 188216

**GIRO AUTHORIZATION FORM**

**Part 1: For Direct Debit/ Giro Donation**

Bank Account Details

Date	<b>PRESBYTERIAN COMMUNITY SERVICES (PCS)</b> Name of Billing Organization
Bank	Branch
Contact No.	Donor NRIC/ FIN/ UEN No.

(a) I/ We hereby authorize you to process PCS's instructions to debit my/ our account.  
 (b) This authorization will remain in force until terminated by your notice sent to my/ our address last know to you or upon receipt of my/ our written revocation through PCS.

\_\_\_\_\_  
My / Our Name (as in NRIC)

\_\_\_\_\_  
My/ Our Account Number

\_\_\_\_\_  
My/ Our Company Stamp, Signature/ Thumbprint

**Part 2: To be completed by Presbyterian Community Services**

Bank	Branch	PCS Bank A/C No.	
			Donor's Name
			NRIC/ FIN/ UEN No.:

  

Bank	Branch	A/C No. to be debited from

**Part 3: To be completed by approving bank**

To: PRESBYTERIAN COMMUNITY SERVICES

This application is hereby rejected (please tick) for the following reason(s):

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

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date