



89 Short Street  
08-08 Golden Wall Centre  
S 188216

**GIRO AUTHORIZATION FORM**

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

Bank Account Details

	<b>PRESBYTERIAN COMMUNITY SERVICES</b>
Date	Name of Billing Organization
Bank	Billing Organization's Customer's Reference No.
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 known 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

(Please check the box)

In compliance with the Personal Data Protection Act 2012 (PDPA), I hereby give consent to Presbyterian Community Services (PCS) to collect my personal data and contact information (as declared) and the data collected may be used and disclosed for the purposes of issuing of receipts, mailing of letters and other donor management related materials.

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

Bank	Branch	PCS Bank A/C No.	DONOR'S NAME	
Bank	Branch	A/C No. to be debited from	NRIC/FIN/UEN NO:	
			REF. NUMBER	

**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