

PART 1 : FOR APPLICANT'S COMPLETION (fill in the spaces indicated with ✓)

Date: ✓ _____ To: Name of Financial Institution: * ✓ _____ Branch: * ✓ _____	Name of Billing Organisation ("BO"): ✓ <u>TRUE BUDDHA SHI CHENG ASSOCIATION</u> Billing Organisation's Customer's Name: ✓ _____ Billing Organisation's Customer's Reference Number: ✓ _____
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- (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): * ✓ _____ My/Our Account Number: * ✓ _____	My/Our Contact (Tel/Fax) Number(s): * ✓ _____ My/Our Company Stamp/Signature(s)/Thumbprint(s)*: * ✓ _____ (As in Financial Institution's records)
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PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.
7131319	61713	81611423001

Billing Organisation's Customer's Ref No.

Bank	Branch	Account No. To Be Debited

PART 3 : FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution'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

 Authorised Signature

 Date

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

Please delete where inapplicable