



Fellowship of Evangelical Students

DIRECT DEBIT AUTHORIZATION (GIRO) FOR DONATIONS TO
FELLOWSHIP OF EVANGELICAL STUDENTS
Please Complete Part 1 and send to Fellowship of Evangelical Students

Please tick

DONATION IS FOR:

FES CW IM

Part 1 TO BE COMPLETED BY DONOR

PARTICULARS OF DONORS

Name (Use BLOCK letters) <input type="checkbox"/> Mr <input type="checkbox"/> Ms	NRIC / Passport No. (Donor's Ref No.)
Address Postal Code	Contact No.
To: The Manager (Name & Address of My/Our Bank/Finance Company)	FOR OFFICIAL USE ONLY
	Name of party to be Credited Fellowship of Evangelical Students
My/Our Name(s) as in Bank /Finance Company Account	FES Bank Account Number
	Bank Branch A/C No. To Be Credited
My/Our Bank/Finance Company Account Number	7 1 7 1 0 3 3 0 3 3 0 1 6 3 9 0 8
Limit of each Payment (exclude cents)	Donor's Ref No.

- (a) I/We hereby authorize you to confirm acceptance/rejection of my/our DDA to Fellowship of Evangelical Students (FES).
- (b) I/We authorize FES to initiate and you to process debits to my/our account each not exceeding the limit indicated even though this may result in an overdraft or an increase of the overdraft on my/our account.
- (c) You are entitled to dishonor such payments and may at your discretion levy a fee should my/our account not contain the necessary funds.
- (d) You are under no obligation to ascertain the name on the record of FES 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.

- (e) The 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.
- (f) 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 you or your employees wilful default or negligence.

Date

My/Our Signature(s)

[According to Bank's/Finance Company's specimen signature(s)]
And Company's Stamp, if applicable

Part 2 FOR OFFICIAL USE (TO BE COMPLETED BY FELLOWSHIP OF EVANGELICAL STUDENTS)

Bank	Branch	FES Bank A/C No.
7 1 7 1	0 3 3	0 3 3 0 1 6 3 9 0 8

Donor's Ref No.

Limit of each payment (exclude cents)

Part 3 FOR OFFICIAL USE (TO BE COMPLETED BY DONOR'S BANK)

To: Fellowship of Evangelical Students

Bank	Branch	FES Bank A/C No.
7 1 7 1	0 3 3	0 3 3 0 1 6 3 9 0 8

Donor's Ref No.

Bank/Fin Co	Branch	A/C No. to be Debited

Limit of each payment (exclude cents)

The Direct Debit Authorization in respect of the above mentioned account is hereby *ACCEPTED / REJECTED. (*Delete where appropriate)

If rejected, reason: _____

Date

Name & Signature of Authorized Approving Officer

Name of Bank/Finance Co

Verified by FES

Please Glue and Seal Here

**AFFIX
POSTAGE
STAMPS
HERE**

Fellowship of Evangelical Students

420 North Bridge Road
#05-05 North Bridge Centre
Singapore 188727

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Fold here

NOTES ON GIRO

1. Please fill in the Direct Debit Authorization Form. This form will instruct your Bank to make automatic deductions from your savings or current account to FES.
2. Fill in your bank account name, account number, the name and address of the bank branch where your savings or current account is maintained.
3. Ensure that the specimen signature or thumb print (must be verified by bank officer) is according to the one maintained with your Bank.
4. Your bank account will be debited between 7th-10th day of each month. (Please note that you will not be charged for using this service by FES unless due to "insufficient funds").
5. Mail the completed form to FES.
6. The average processing period for your application by FES and the Banks is approximately 1 month. FES will inform you of the commencement date for the deduction.
7. For termination or change of amount of GIRO donation arrangement, please inform FES and your Bank in writing. In your letter, please include your name, ref number(NRIC/Passport No.), bank account number and your signature. For FES, you can send the letter to the following address: 420 North Bridge Road #05-05 North Bridge Centre Singapore 188727 or fax to 6338 2054.
8. If your deduction is unsuccessful due to "insufficient funds", a service charge may be levied by your banker.
9. Any queries please call FES at telephone number 6338 3665.

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