

Please fill in your particulars and mail the completed forms to New Life Community Services:

**Donor Information**

Full Name: \_\_\_\_\_

NRIC/FIN No. \_\_\_\_\_

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_ (HP) \_\_\_\_\_ (Home)

Email: \_\_\_\_\_

**I would like to make a monthly donation for: (Please tick accordingly)**

\$50     \$100     \$200     \$500    Other Amount: \$ \_\_\_\_\_

**Your Bank Details**

**Name of Bank** \_\_\_\_\_

(Bank code)	(Branch Code)	(Account No.)

Please complete PART 1 of this form and return to the Billing Organisation

Part 1: For Applicant's Completion (Fill in the spaces indicated with a √)	
√ Date:	√ Name of Billing Organisation ("BO"): <b>New Life Community Services</b>
√ To: Name of Bank/Finance Company	√ BO's Customer Name:
√ Branch	√ NRIC No:

- (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 so doing. 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 Tel / Fax / Mobile / Pager No(s):

√ \_\_\_\_\_ √ \_\_\_\_\_

My / Our Account No:

My / Our Company Stamp / Signature(s) / Thumbprint(s):

√ \_\_\_\_\_ √ \_\_\_\_\_

(As in Bank / Finance Company's records)

\*For thumbprints, please go to branch with your identification.

### Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No
7339	581	473667001

BO's Customer Ref No									

Bank	Branch	Account No to be debited

### Part 3: For Bank / Finance Company's Completion

To: New Life Community Services 10 Jelapang Road Singapore 677740
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This application is hereby REJECTED (please tick) for the following reasons(s):

- Signature / Thumbprint # differs from Bank's / Finance Co's records
- Signature / Thumbprint # incomplete / unclear #
- Account operated by signature / thumbprint #
- Wrong account number
- Amendments not countersigned by customer
- Others: \_\_\_\_\_

\_\_\_\_\_  
Name Of Approving Officer  
# Please delete when inapplicable

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date