

DIRECT DEBIT AUTHORISATION FORM



Please complete PART 1 of the form and mail it to:
YMCA of Singapore, One Orchard Road, Singapore 238824

Attn: Finance Department

PART 1: FOR SUPPORTER'S COMPLETION

*Please tick the boxes accordingly.

- I would like to contribute to (Event: _____) with the amount of S\$_____.
- I would like to make a **general contribution** to YMCA of Singapore with the amount of S\$_____.
- I would like to contribute **monthly** to YMCA of Singapore with the amount of S\$_____.

Full Name (Mr/Mrs/Ms/Mdm/Dr) / Company's Name: _____

NRIC/FIN/ROC/ROB No.: _____ Email: _____

Address: _____

Contact No: _____ (HP) _____ (Home) _____ (Office)

IRAS Tax Exemption: Yes / No

| | | |
|--|---|--|
| <p>By GIRO Name of bank: _____</p> <p>Branch: _____</p> <p>Name(s) as in bank record: _____</p> <p>Bank account number: _____</p> <p>Deduction period: From _____ (mth/yr) to _____ (mth/yr)</p> <p>Name of billing organisation: YMCA of Singapore</p> | <ul style="list-style-type: none"> • I/We hereby instruct you to process YMCA of Singapore's instructions to debit my/our account. • You are entitled to reject YMCA of Singapore debit instructions 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. • This authorisation will remain in force throughout the deduction period stated, or until it is terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through YMCA of Singapore. <p style="text-align: center; font-size: x-small; color: gray;"><i>Please allow four to eight weeks for processing.</i></p> | <hr/> <p style="text-align: center; font-size: small;">Thumbprint(s)/Signature(s) As in bank record Please go to the branch with your identification for thumbprint</p> <hr/> <p style="text-align: center; font-size: small;">Date</p> |
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Your kind contribution towards YMCA is greatly appreciated. We will like to acknowledge your contribution in our publications.

do check this box if you do not wish to be acknowledged in this manner.

PART 2: FOR BANK / FINANACIAL INSTITUTION'S COMPLETION

To: YMCA of Singapore, 1 Orchard Road, Singapore 238824

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

- Signature/ Thumbprint differs from financial institution's records
- Wrong account number
- Signature/ Thumbprint incomplete / unclear
- Others: _____

Name of Approving Officer

Authorised Signature

Date

PART 3: FOR YMCA OF SINGAPORE'S COMPLETION

| | | | |
|---------|--------|-------------------------------------|----------------------|
| Bank | Branch | YMCA of Singapore's Bank Account No | Donor Reference No : |
| 7 2 1 4 | 0 1 1 | 0 6 6 6 0 9 8 0 0 5 | |

Date Received: _____ Processed Date: _____ Tax Receipt No.: _____

developing body, mind & spirit