Madrasah Irsyad Zuhri Al-Islamiah
277 Braddell Road Singapore 579711 Tel : 64787133 Fax : 63520393

APPLICATION FORM FOR INTERBANK GIRO

PART 1 : FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with ☒)

Date : ☒	Name of Billing Organisation ("BO") **MADRASAH IRSYAD ZUHRI AL-ISLAMIAH**	
Name of Financial Institution [or Bank]: ☒	Name of Student: ☒	Year & Class: ☒
Bank Branch : ☒	Billing Organisation's Customer's Reference No. [Student's Birth Cert No. eg. S1234567G]	

(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 own 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) [Account Holder]:
☒

My/Our Account No.: ☒	Address: ☒
My/Our Signature(s)/Thumbprint(s): ☒ For thumbprint, please go to the bank for identification (As in Financial Institution's records)	Tel (H): Mobile :

PART 2 : FOR BILLING ORGANISATION'S [Madrasah's)COMPLETION

Bank				Branch			BO's Account No								
7	3	3	9	5	9	1	1	0	7	0	4	0	0	0	1

BO's Customer's Reference No								

Bank				Branch			Account No to be debited								

PART 3 : FOR FINANCIAL INSTITUTION'S COMPLETION

To: MADRASAH IRSYAD ZUHRI AL-ISLAMIAH
277 BRADDELL ROAD, SINGAPORE 579711

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

☐ Signature/Thumbprint differs from the Financial Institution's records
☐ Signature/Thumbprint incomplete/unclear
☐ Account operated by signature/thumbprint
☐ For thumbprint, please go to the Branch for identification.
☐ Wrong account number
☐ Amendment not countersigned by customer
☐ Others

Name of Approving Officer _____ Authorised Signature _____ Date _____