

Complete Part 1 of form and return via mail to:  
**ORTV Outreach Ltd**, 8 Industrial Road #04-04A LHK3 Building Singapore 536200



## APPLICATION FORM FOR INTERBANK GIRO

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

Date: ✓ _____ To: Name of Financial Institution: ✓ _____ Branch: ✓ _____	Name of Billing Organisation:  <p style="text-align: center;"><b>ORTV OUTREACH LTD</b></p>
---	--

### CONTRIBUTION TO ORTV OUTREACH LTD

YES! I would like to support ORTV Outreach Ministry.

Please select one of the following:

- ☐ Please deduct **\$30** from my account every month.  
☐ Please deduct **\$50** from my account every month.  
☐ Please deduct **\$100** from my account every month.  
☐ Please deduct \$ \_\_\_\_\_ from my account every month.

(a) I/We hereby instruct you to process the ORTV Outreach Ltd's instructions to debit my/our account.

(b) You are entitled to reject the ORTV Outreach Ltd'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 ORTV Outreach Ltd.

**The deduction will be made on either the 1<sup>st</sup> or 15<sup>th</sup> of the month. If the deduction date falls on a Saturday, Sunday or Public Holiday, the deduction will be made on the next working day.**

***(Every twelfth month, donors will be asked if they wish to continue with the monthly deduction.)***

To reduce costs, receipt will only be issued upon request.

My/Our Name (s):

✓ \_\_\_\_\_

My/Our Contact (Tel/HP) Number(s):

✓ \_\_\_\_\_

Email Address:

✓ \_\_\_\_\_

My/Our Account Number:

✓ \_\_\_\_\_

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

✓ \_\_\_\_\_

(as in bank's records)

### PART 2: FOR ORTV OUTREACH LTD COMPLETION

Bank	Branch	ORTV Outreach Ltd Account No.
7 1 7 1	0 2 3	0 2 3 9 0 2 9 5 4 0

ORTV Outreach Ltd's Ref. Number:

Bank	Branch	A/C to be debited

### PART 3: FOR BANK'S COMPLETION

To: ORTV Outreach Ltd

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

- |  |  |
|--|--|
| <input type="checkbox"/> Signature/Thumbprint# differs from Bank's records<br><input type="checkbox"/> Signature/thumbprint# incomplete/unclear# | <input type="checkbox"/> Account operated by signature/thumbprint#<br><input type="checkbox"/> Wrong account number<br><input type="checkbox"/> Amendments not countersigned by customer<br><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