



89 Short Street
 08-08 Golden Wall Centre
 S 188216

GIRO AUTHORIZATION FORM

Part 1: For Direct Debit/ Giro Donation

Bank Account Details

Date	PRESBYTERIAN COMMUNITY SERVICES (PCS) Name of Billing Organization
Bank	Branch
Contact No.	Donor NRIC/ FIN/ UEN No.

(a) I/ We hereby authorize you to process PCS's instructions to debit my/ our account.
 (b) This authorization will remain in force until terminated by your notice sent to my/ our address last know to you or upon receipt of my/ our written revocation through PCS.

 My / Our Name (as in NRIC)

 My/ Our Account Number

 My/ Our Company Stamp, Signature/ Thumbprint

Part 2: To be completed by Presbyterian Community Services

Bank	Branch	PCS Bank A/C No.	
			Donor's Name
			NRIC/ FIN/ UEN No.:

Bank	Branch	A/C No. to be debited from

Part 3: To be completed by approving bank

To: PRESBYTERIAN COMMUNITY SERVICES

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

- Signature/ Thumbprint differs from Financial Institution's records
- Signature/ Thumbprint is incomplete/ unclear
- Account operated by signature/ thumbprint
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

 Name of Approving Officer

 Authorized Signature

 Date