

Complete Part 1 of form and return via mail to:  
**ORTV Outreach Ltd**, 8 Industrial Road #04-03 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 align="center"><b>ORTV OUTREACH LTD</b></p>
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**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 Account Number: ✓ _____	My/Our Contact (Tel/HP) Number(s): ✓ _____ Email Address: ✓ _____ My/Our Company Stamp/Signature(s)/Thumbprint(s): ✓ _____ <p align="center">(as in bank's records)</p>
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**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