



### Application Form for INTERBANK GIRO

**PART 1: For the Applicant's Completion:**

Billing Organisation: <b>SINGAPORE PSYCHOLOGICAL SOCIETY</b>	Date:	
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**CUSTOMER Details:** **CUSTOMER Bank Details:**

Name:		Financial Institution:	
NRIC:		Branch:	
Address:		Account Name:	
Contact No:		Account Number:	
Email:		Payment Amount:	

1. I/We hereby instruct you to process the Billing Organisation's instructions to debit my/our account.  
 2. You are entitled to reject the Billing Organisation'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 charge accordingly.  
 3. 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 the Billing Organisation.

Signature(s):	
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**Part 2: For the Billing Organisation's Completion**

Bank	Branch	Billing Organisation's Account No.	Billing Organisation's Customer Reference No.
7 1 7 1 0 7 0 0 7 0 0 0 2 3 6 6 0			

Bank	Branch	Account Number to be Debited	GIRO Amount
			. 0 0

**Part 3: For Financial Institution's Completion**

To: Singapore Psychological Society

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

<input type="checkbox"/> Signature/Thumbprint* differed from Financial Institution's records	<input type="checkbox"/> Signature/ Thumbprint* is incomplete or unclear	<input type="checkbox"/> Wrong Account Number
<input type="checkbox"/> Account operated by Signature/Thumbprint*	<input type="checkbox"/> Amendments not countersigned by applicant	<input type="checkbox"/> Other: _____

\* Delete where applicable

\_\_\_\_\_  
 Name of Approving Officer \_\_\_\_\_ Authorised Signature and Stamp of Financial Institution \_\_\_\_\_ Date