SHAN YOU COUNSELLING CENTRE
善 友 辅 导 中 心
Blk 5 Upper Boon Keng Road #02-15 Singapore 380005 • Tel: 6741 9293 • Fax: 6741 9352
Email: shanyou@shanyou.org.sg • Website: www.shanyou.org.sg • UEN: S95SS0103B

Direct Debit Authorisation 财捐款表格(GIRO)

COMPLETE PART I AND RETURN THIS FORM TO SHAN YOU COUNSELLING CENTRE 填好寄去善友辅导中心 **PART I**

To: The Manager

(Name & Address of My/Our Bank)

好！我将每月捐助善友辅导中心 **Yes! I would like to contribute to Shan You Counselling Centre every month.**	银行户口号码 **My/Our Bank Account No.**
银行及分行 **Bank & Branch Name**	地址 **My Address** _____
银行户口姓名 **My/Our Name (as in bank account)**	_____ 邮区 **S'pore** _____
Limit of each monthly GIRO deduction (exclude cents)* 每月的款项 ☐ **$10** ☐ **$20** ☐ **$30** ☐ **$50** ☐ **$100** ☐ **$200** ☐ 其他款项 **Other amount $**_____	身份证/护照号码 **Donor's I/C Passport No.** 电邮 **E-mail:** 电话 **Tel:**
Shan You Counselling Centre's Citibank A/C No. **7214-011-00304885009**	**Shan You Counselling Centre Donor's Reference No.**** **SYCC**

I/We hereby authorize you to confirm acceptance/rejection of my DDA to Shan You Counselling Centre and further authorize Shan You Counselling Centre to initiate and you to process debits to my/our account each not exceeding the limit indicated even though this may result in an overdraft or an increase of the overdraft on my/our account. You are entitled to dishonor such payments and may at your discretion levy a fee should my/our account not contain the necessary funds. You are under no obligation to ascertain the name on the record of Shan You Counselling Centre is the same as that provided by me/us and whether or not notice of the bill underlying the debit has been given to me/us.

This authorization shall continue in force until I/we have expressly revoked it by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

I/We agree that you shall not be liable for any losses arising from or in any way connected with you so acting, provided that you act in good faith or unless directly caused by or resulting from you or your employees' willful default or negligence.

Date _____

My/Our Signature (s)
[According to Banks Specimen Signature(s)] _____

TO BE COMPLETED BY SHAN YOU COUNSELLING CENTRE **PART II**

Bank	Branch	Shan You Counselling Centre Account No.
7 2 1 4	0 1 1	0 0 3 0 4 8 8 5 0 0 9

Shan You Counselling Centre Donor's Reference No.
S Y C C

Bank	Branch	Account No. to be debited

Limit of each monthly GIRO deduction (exclude cents)

PART III

To: Shan You Counselling Centre (Accounts Department)
Blk 5 Upper Boon Keng Road #02-15
Singapore 380005

Donor's Name : _____

Bank	Branch	Shan You Counselling Centre Account No.
7 2 1 4	0 1 1	0 0 3 0 4 8 8 5 0 0 9

Shan You Counselling Centre Donor's Reference No.
S Y C C

Bank	Branch	Account No. to be debited

Limit of each monthly GIRO deduction (exclude cents)

The Direct Debit Authorization in respect of the abovementioned account in hereby ACCEPTED/REJECTED (delete where appropriate).
If rejected, reason:

Date _____

Authorised Signature _____

Name of Approving Officer: _____

Name of Bank: _____

- Please indicate the maximum amount for each payment if you wish to set a limit for each payment.
- Please ensure that the reference number of the account you wish to credit is correct.
- ☐ The shaded areas are for official use.

Verified by SYCC	