FCBC

APPLICATION FORM FOR INTERBANK GIRO - Tithe

Date:	PART		NT'S COMPLETION	
Date:			Name of Billing Organisation ("BO"):	
			FAITH COMMUNITY BAPTIST CHURCH	
To: Name of Bank:		-	FCBC Member's Name:	
Tithe (Monthly) S\$:	_		FCBC Member's Reference Number (Last 5 <u>numerical</u> characters of NRIC):	
Due Date of the Month: Every 15 th Every 2	30 th	_		
may also at its discretion a c) This authorisation will rem i. the Bank's written no ii. upon the Bank's recei	ect the BO's debit instruc llow the debit even if this	tion if my/our account results in an overdraft s last known to the Ba cation; or	at does not have sufficient funds or charge me/us a fee for this. The l t on the account and impose charges accordingly.	Bank
My/Our Name(s) as in Bank's Record			My/Our Contact (Tel) Number(s):	
My/Our Account Number:			My/Our Company Stamp/Signature(s)/Thumbprint(s)*:	
			(as in Bank's Record)	
	PART 2: FOR FAITI	H COMMUNITY BA	APTIST CHURCH'S COMPLETION	
SWIFT BIC	FCBC's Account Numb	ber	FCBC Member's Reference Number	
SWIFT BIC	Account Number To Be	e Debited		
	PA	ART 3: FOR BANK'S	S COMPLETION	
To: FAITH COMMUNIT				
This Application is hereby	REJECTED (please tick)	for the following reaso	son(s):	
 Signature/Thumbprint# Signature/Thumbprint# Account operated by signature 		stitution's records	 Wrong account number Amendments not countersigned by customer/BO Other reason(s):	
Name of Approving	Officer	Authorised Signature	e Date	

 \ast For thumbprints, please go to the branch with your identification. ${}^{\scriptscriptstyle \#}$ Please delete where inapplicable