THE TANGLIN CLUB
FOUNDED 1865

INTERBANK GIRO APPLICATION

To countersign any amendments
The use of correction fluid/tape is not allowed

PART 1: FOR APPLICANT'S COMPLETION

Date:

Name of Billing Organisation ("BO"):
THE TANGLIN CLUB

To: Name of Bank:

Billing Organisation's Customer's Name:

Branch:

Billing Organisation's Customer's Membership Number:

a) **I/We** hereby instruct you to process the BO's instructions to debit **my/our** account.
b) You are entitled to reject the BO'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 authorization 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 BO.

My/Our Name(s) (Bank Account Holder's Name)

My/Our Contact (Tel/Fax) Number(s)

My/Our Account Number

My/Our Company Stamp/Signature(s)/ Thumbprint(s)**

(as in bank record books)
*For thumbprints, please go to the branch with your identification

Part 2: FOR BILLING ORGANISATION'S COMPLETION:

Bank				Branch			Billing Organisation's Account No.										
7	3	3	9	6	4	1	6	4	1	2	1	4	9	8	6	0	0	1

Billing Organisation's Reference No.							

Bank				Branch			Billing Organisation's Account No.										

Part 3: FOR BANK'S COMPLETION:

To: Billing Organisation

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

☐ Signature/Thumbprint differs from Bank's records
☐ Signature/Thumbprint incomplete/unclear
☐ Account operated by Signature/Thumbprint
☐ Wrong account number
☐ Amendments not countersigned by customer/BO
☐ Others: _____

Name of Approving Officer | **Authorised Signature and Stamp of Financial Institution** | **Date**