

Faith Community Baptist Church – Tithing APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces with *)

Date:	Name of Billing Organisation:
*	FAITH COMMUNITY BAPTIST CHURCH (FCBC)
To: Name of Bank:	FCBC Member's Name:
*	*
Branch:	FCBC Member's NRIC / Passport Number:
*	*

Yes, I would like to make a monthly tithing for:

Monthly Tithing Amount:	Due Date of the month:
*S\$	Every 15 th Every 30 th

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

My/Our Name(s) as in Bank's record:	My/Our Company Stamp/Signature(s)/Thumbprint(s):
*	*(as in bank's record; for thumbprints, please go to the branch with your identification)
My/Our Account Number:	
*	
My/Our Contact (Tel/Fax) Number(s):	
*	

PART 2: FOR FAITH COMMUNITY BAPTIST CHURCH'S COMPLETION

Bank	Branch	FCBC's Account Number	FCBC Member's NRIC / Passport Number
Bank	Branch	Account Number To Be Debited	

PART 3: FOR BANK'S COMPLETION

To: **FAITH COMMUNITY BAPTIST CHURCH**

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
 Others: _____

_____ _____ _____
 Name of Approving Officer Authorised Signature Date

Please delete where inapplicable