APPLICATION FORM FOR INTERBANK GIRO

Date: _____

Name of Billing Organisation ("BO"):

AQUATIC PERFORMANCE SWIM CLUB (S)

CHILD'S Name

_____

PARENT'S Bank Details & Contact Information

Name of Bank:

_____

My/Our Name(s) as in Bank's record:

_____

My/Our Account Number:

_____

Branch:

_____

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

_____

My/Our Signature(s)/Thumbprint(s):

_____

(as in bank's records)

(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 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 BO.

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank			Branch			Billing Organisation's Account Number									
7	1	7	1	0	6	3	0	6	3	0	0	5	3	2	3	6

Family's ID Number (BO's Reference Number)											

Bank			Branch			Account Number To Be Debited									

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
☐ Other reason(s):

_____

_____

_____   _____   _____
Name of Approving Officer   Authorised Signature   Date

* For thumbprints, please go to the branch with your identification.   [#] Please delete where inapplicable