



Please complete PART 1 of this form and return to the Billing Organisation. 申请者请在√的地方填写

Part 1: For Applicant's Completion (fill in the spaces indicated with a √)	
√ Date 日期:	Name of Billing Organisation ("BO"): Dharma Drum Singapore
√ To: Name of Bank / Finance Company 银行:	√ BO's Customer Name: 姓名
√ Branch 分行:	√ BO's Customer Ref No: (NRIC or Passport No) 登记/护照号码

- (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 so doing. 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.

√ _____
My Name: 申请者英文姓名

√ _____
My Contact Tel/Fax/Handphone/Pager No(s): 联络号码

√ _____
My Account No: 银行户口号码

√ _____
My Signature/Thumbprint: 签名、盖手印
(As in Bank/Finance Company's records)
* For thumbprints, please go to branch with your identification.

√ S\$ _____
Donation Amount/款项

Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No
7 3 7 5	0 1 9	1 1 9 3 1 4 5 9 9 5

BO's Customer Ref No

Bank	Branch	Account No to be debited

Part 3: For Bank / Finance Company's Completion

To: The Manager
Dharma Drum Singapore

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

- Signature/Thumbprint # differs from Bank's/Finance Co's records
- Signature/Thumbprint # incomplete/unclear #
- Account operated by signature/thumbprint #
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

Name Of Approving Officer
Please delete where inapplicable

Authorised Signature

Date