

UEN: S96SS0151G

DONATION VIA GIRO APPLICATION FORM For Donor's Completion Others \$ _____ I wish to support by making a Monthly Contribution of: \$100 \$50 \$10 Name as in Bank Record _____ _____ NRIC/FIN No. _____ Address ___ _____ Contact (H) _____ (HP) _____ _____ Email _____ ______ Branch ___ Name of Bank ___ Bank A/C No. * I/We hereby instruct you to process Cornerstone Community Services's instructions to debit my/our account. * You are entitled to reject Cornerstone Community Services's debit instructions 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. * This authorisation will remain in force until it is terminated by my written notice sent to Cornerstone Community Services. Signature as in Bank Record Date For Cornerstone Community Services's (CCS) Official Use Only Bank Branch CCS A/C No. Bank Branch Account No. To Be Debited CCS Donor Reference No. For Bank's Official Use Only To: Cornerstone Community Services This application is hereby REJECTED for the following reason(s): Signature/Thumbprint differs from Bank record Signature/Thumbprint incomplete/unclear Name of Approving Officer Account operated by signature/thumbprint Wrong account number Amendments not countersigned by customer Authorised Signature/Date