## **Application Form For INTERBANK GIRO**

Part 1: FOR APPLICANT'S COMPLETION	
Date	Name of Billing Organisation or ("BO") TCC CREDIT CO-OPERATIVE LTD
To (name of Financial Institution/Bank)	Billing Organisation's Members' Name
Branch	NRIC No.
	Billing Organisation's Member's Reference No.
	Member No.
(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.	
<ul><li>(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.</li><li>(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.</li></ul>	
My/Our Name (s) (Accountholder)	My/Our Tel/Fax No.
My/Our Account No.	My/Our Company Stamp/Signature(s)/Thumbprint(s)* (Accountholder)
	(As in Financial Institution's records)
Part 2: FOR BILLING ORGANISATION'S COMPLETION	
Bank         Branch         Billing Organisation's Account No.           7         1         7         1         0         2         2         0         2         2         0         7         7         2	Billing Organisation's Member's Reference No.
Bank Branch Account No. To be Debited	
Part 3: FOR FINANCIAL INSTITUTION'S COMPLETION	
To: TCC Credit Co-operative Ltd 95 Killiney Road S'pore 239537 Tel. 6319 3700	
This application is hereby REJECTED (please tick) for the following reason (s):  Signature/Thumbprint* differs from financial institution'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	