



The Tanglin Club  
 5 Stevens Road  
 Singapore 257814  
 Tel : 66220 555

**Part 1 : For Applicant's Completion (Fill in the spaces indicated with ☐ )**

Date: \_\_\_\_\_ Name of Billing Organisation "BO" :  
 ☐ \_\_\_\_\_ ☐ THE TANGLIN CLUB

To : Name of Bank \_\_\_\_\_ Billing Organisation's Customer's Name:  
 ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

Branch : \_\_\_\_\_ Billing Organisation's Customer's Membership Number  
 ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

- (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.

My/Our Name(s) (Bank Account Holder's Name) \_\_\_\_\_ My/Our Contact (Tel/Fax) Number(s)/E-mail address:  
 ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

My/Our Bank Account Number : \_\_\_\_\_ My/Our Company Stamp/Signature(s) Thumbprint(s)\*\*:  
 Indicate in order of: bank code, branch code then account no.) ☐ \_\_\_\_\_

(As in Financial Institution's records)

\*\* For thumbprints, please go to the branch with your identification.

**Part 2 : For Billing Organisation's Completion**

Bank	Branch	Billing Organisation's Account No.
7 3 3 9	6 4 1	2 1 4 9 8 6 0 0 1

Billing Organisation's Customer's Membership No.

Bank	Branch	Account No. to be Debited

**Part 3 : For Financial Institution's Completion**

To : Billing Organisation, Address, tel etc

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

- ☐ Signature/Thumbprint\* differs from Financial Institution's records      ☐ Wrong account number  
 ☐ Signature/Thumbprint\* incomplete/unclear\*      ☐ Amendments not countersigned by applicant  
 ☐ Account operated by signature/thumbprint      ☐ Others : \_\_\_\_\_  
 \*Please delete where inapplicable

\_\_\_\_\_  
 Name of Approving Officer      Authorised Signature and Stamp of Financial Institution      Date