



Batch No: MA / 0030

PART 1 : FOR APPLICANT'S COMPLETION (Fill in the shaded boxes)

Date :	Billing Organisation ("BO") Muhammadiyah Association
To : Name of Bank / Finance Company	Donor's Name :
Branch :	NRIC No : -
	Address :

- (a) I/We hereby instruct you to process the BO's instruction to debit my/our account.
- (b) You are entitled to reject the BO'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.
- (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)	My/Our Contact (Tel/Fax) Number
My/Our Account Number	My/Our Company Stamp/Signature(s)/Thumbprint(s)*

(As in Bank/Finance Company's records)
*For thumbprints, please go to the branch with your identification.

FEES FOR: KB / KIM / KINDERGARTEN

PART 2: FOR MUHAMMADIYAH COMPLETION

Bank	Branch	Muhammadiyah Bank Account Number	Donor's NRIC No:
7 3 7 5	0 2 5	1 2 5 3 0 3 7 4 6 1	-
Bank	Branch	Account Number To Be Debited	

PART 3 : FOR BANK / FINANCE COMPANY'S COMPLETION

To: Officer In-Charge
IBG DEPT
Muhammadiyah Association
14, Jalan Selamat
Singapore 418536

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

- Signature / Thumbprint# differs
- Signature / Thumbprint# incomplete / unclear#
- Account operated by thumbprint / signature#
- Wrong Account Number
- Amendments for countersigned by customers
- Others _____

Name of Approving Officer

Authorised Signature

Date