



AUPE GENERAL SERVICES CO-OPERATIVE LIMITED

WISMA AUPE 295 Upper Paya Lebar Road Singapore 534929

Tel: 62808033 Fax: 62800854 Website: www.aupe.org.sg

APPLICATION FOR INTERBANK GIRO

PART 1 : FOR MEMBER'S COMPLETION	
Date	Name of Billing Organisation ("BO"): AUPE GENERAL SERVICES CO-OPERATIVE LTD
To (Name of Bank)	Member's Name
Branch	Member's NRIC / FIN No.
(a) I / We hereby instruct you to process the AUPE General Services Co-Operative Ltd instructions to debit my/our account. (b) You are entitled to reject the AUPE General Services Co-Operative Ltd 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 result is 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 AUPE General Services Co-Operative Ltd.	
Name(s) of Bank Account Holder(s)	My/Our Contact (H/O/HP) Number(s)
My/Our Bank Account Number	My/Our Signature(s) / Thumbprint(s) / Company Stamp (Account Holder)
	(As in Bank's records)

PART 2 : FOR BILLING ORGANISATION'S COMPLETION															
<table border="1"> <tr> <td>SWIFT BIC</td> <td>AUPE General Services Co-Operative Ltd Bank Account No.</td> </tr> <tr> <td>SCBLSG22XXX</td> <td>4 0 0 0 0 0 4 2 5 4</td> </tr> </table>	SWIFT BIC	AUPE General Services Co-Operative Ltd Bank Account No.	SCBLSG22XXX	4 0 0 0 0 0 4 2 5 4	Billing Organisation's Member's Reference No.										
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SWIFT BIC	Account No. to be debited														

PART 3 : FOR BANK'S COMPLETION		
To: Billing Organisation		
This Application is hereby REJECTED (please tick) for the following reasons		
<input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records		
<input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#		
<input type="checkbox"/> Account operated by signature/thumbprint#		
<input type="checkbox"/> Wrong account number		
<input type="checkbox"/> Amendments not countersigned by customer		
<input type="checkbox"/> Others: _____		
_____	_____	_____
Name of Approving Officer	Authorised Signature	Date

* For thumbprint, please go to the branch with your identification

#Please delete where inapplicable