

Part 1: For Donor's Completion (fill in the spaces indicated)

Date: _____ To: Name of Bank: _____ Branch: _____	Name of Billing Organisation ("BO"): CENTRE FOR FATHERING LTD _____ Donor's Name: _____ Donor's Reference Number: _____
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Amount Of Monthly Donation (Payment Limit): \$10 \$20 \$50 \$ _____

- 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) as in Bank's record: _____ My/Our Account Number: _____	My/Our Contact (Tel/Fax) Number(s): _____ My/Our Company Stamp/Signature(s)/Thumbprint(s) *: _____ <small>(as in bank's records) * for thumbprint, please go to the branch with your identification.</small>
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Part 2: For Centre For Fathering Ltd's Completion

Bank	Branch	Billing Organisation's Account Number	Billing Organisation's Reference Number
7	1	7 1 0 1 5 0 1 5 9 0 0 0 5 2 4	
Bank	Branch	Account Number To Be Debited	

Part 3: For Bank's Completion

To: Centre For Fathering Ltd

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

<input type="radio"/> Signature/Thumbprint# differs from Bank's records <input type="radio"/> Signature/Thumbprint incomplete/unclear# <input type="radio"/> Account operated by signature/thumbprint#	<input type="radio"/> Wrong account number <input type="radio"/> Amendments not countersigned by customer/BO <input type="radio"/> Others: _____
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Name of Approving Officer	Authorised Signature	Date
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please delete where inapplicable