TCC CREDIT CO-OPERATIVE
Transforming Lives, Building Communities.

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.

(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) (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 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 _____

For thumbprints, please go to the branch with your identification
Please delete where inapplicable