GIRO APPLICATION FORM

900 NEW UPPER CHANGI RD S467354 | TEL: 6479 6252 | EMAIL: PARTNERSHIPS@APSN.ORG.SG

association for persons with special needs

PART I: FOR DONOR'S COMPLETION

ONE TIME DONATION

☐$250 ☐$150 ☐$100 ☐$80 ☐$50 ☐Other Amount _____

MONTHLY DONATION

☐$80 ☐$50 ☐$20 ☐$10 ☐$5 ☐Other Amount _____

Date:	Name of Billing Organisation: **ASSOCIATION FOR PERSONS WITH SPECIAL NEEDS**
To: (Name of Bank)	My / Our Name as in Bank Account:
Branch:	NRIC / FIN / UEN No.:
Address:	Postal Code ( )
Mobile: _____ Email: _____	My / Our Signature(s) / Thumbprint(s)* / Company Stamp: _____ (As in Bank's record) *For thumbprint, please go to any branch of your bank with identification document for verification
My / Our Bank Account Number Current / Savings	

1) I/We hereby instruct you to process billing organisation's instructions to debit my/our account.
2) You are entitled to reject the billing organisation'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.
3) This authorisation will remain in force until terminated by your written notice sent to my/ours address last known to you or upon receipt of my/our written revocation through APSN.

PART II: FOR APSN'S COMPLETION

Bank				Branch			Bank Account No.								
7	1	7	1	0	1	2	0	1	2	0	0	3	5	8	5	3

Bank				Branch			Account No. To Be Debited								

Billing Organisation's Customer Ref. No													

PART III: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Association for Persons with Special Needs 900 New Upper Changi Road Singapore 467354 This application is hereby REJECTED (please tick) for the following reason(s): ☐ Signature/Thumbprint* differs from financial institution's record ☐ Signature/Thumbprint* incomplete/unclear* ☐ Wrong account number ☐ Amendments not countersigned by donor ☐ Others: _____ *Please delete where inapplicable.	Name of Approving Officer: Signature of Approving Officer: Date:

Your donation is eligible for **2.5 times** tax deduction.
*Please provide your NRIC/FIN No for submission to Inland Revenue Authority of Singapore for automatic tax deduction. For non-individual donors, please provide UEN No.
By submitting this form, you hereby consent to APSN collecting, using and disclosing your personal data for the purposes set out above.

Updated as of 14/05/2019