

PART I:	FOR	DON	OR'S	сом	1PLETI	ON			
ONE TIME DONATION									
□\$1000	□\$!	500	□\$250		]\$100	□\$50	🗆 Other Am	nount	
MONTHLY DONATION									
□\$250	□\$2	200	□\$10	00	□\$50	□\$10	□ Other	Amount _	
Date:								Name of Billing Organisation: APSN LTD – Centre For Adult A/C 1	
To: (Name of Bank)									My / Our Name as in Bank Account:
Branch:									NRIC / FIN / UEN No.:
Address:									
									Postal Code ( )
Mobile: Office/Home :									My / Our Signature(s) / Thumbprint(s)* / Company Stamp:
My / Our Bank Account Number									
Current / Savings (As in Bank's record)									
								*For thumbprint, please go to any branch of your bank with identification document for verification	
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	nk Branch Bank Account No.				Bank Acco	ount No.		Billing Organisation's Customer Ref. No	
7 1 7	/ 1	0	1 2	0	7 2	0 3	5 5 5	8 0	
Bank	:	Bra	anch		Acco	ount No. To	Be Debited		
PART III: FOR FINANCIAL INSTITUTION'S COMPLETION									
To: APSN LTD – Centre For Adult A/C 1								Name of Approving Officer:	
11 Jalan Ubi #02-12 Singapore 409074									
This application is hereby REJECTED (please tick) for the following reason(s):  Signature/Thumbprint* differs from financial institution's record								Signature of Approving Officer:	
□ Signature/Thumbprint* incomplete/unclear*									
□ Wrong account number									
□ Amendments not countersigned by donor									
□ Others:									
*Please delete where inapplicable.								Date:	

NOTE: APSN respects donors' confidentiality. By submitting our donation forms, we have added you into our donor mailing lists for processing donations, donor relationship management, fund raising and communications. To opt out of receiving communication materials for our donors, kindly email partnerships@apsn.org.sg with the subject heading "Unsubscribe".