

UNION MEMBERSHIP – APPLICATION FORM FOR INTERBANK GIRO

Form "A"

PART 1: FOR MEMBER'S COMPLETION	
Date	Name of Billing Organisation ("BO") NTUC-UMS
To (Name of Bank)	Member's Name
	Member's Union
Branch	Member's (NRIC/FIN) No.
AUTHORISATION TO BANK	
(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) (Account Holder)	My / Our Contact (Tel/Fax) No(s).
My / Our NRIC / FIN No. (Account Holder)	My Signature(s) / Thumbprint(s) * (Account Holder)
My / Our Account No.	*(As in Bank's records) For all banks other than POSB/DBS thumbprints should be affixed in the presence of the bank officer.

FOR OFFICIAL USE ONLY

PART 2: FOR BILLING ORGANISATION'S COMPLETION												Billing Organisation's Member's Reference No.												
Bank		Branch		Billing Account Organization's Account No.																				
7	1	7	1	0	0	1	0	6	4	8	1	1	0											
Bank		Branch		Account No. To Be Debited																				

PART 3: FOR BANK'S COMPLETION											
To: NTUC-UMS NTUC Members' Hub 1 Marina Boulevard #B1-01 One Marina Boulevard Singapore 018989											
This Application is hereby				REJECTED				for the following reason(s): (please tick)			
<input type="checkbox"/> Signature / Thumbprint# differs from Bank'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 _____			