



Please complete PART 1 of this form and return to the Billing Organisation.

Part 1: For Applicant's Completion (fill in the spaces indicated with a ✓)	
✓ Date:	✓ Name of Billing Organisation ("BO"): The Operation Hope Foundation Ltd
✓ To: Name of Bank / Finance Company:	✓ BO's Customer Name:
✓ Branch:	✓ BO's Customer Reference 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 so doing. 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):

My/Our Contact Tel/Fax/Handphone/Pager No(s):

✓ _____

✓ _____

My/Our Account No:

My/Our Company Stamp/Signature(s)/Thumbprint(s):

✓ _____

✓ _____

(As in Bank/Finance Company's records)

* For thumbprints, please go to branch with your identification.

Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No	BO's Customer Ref No													
7	3	7	5	0	0	1	1	0	1	3	2	3	3	1	5	8

Bank	Branch	Account No to be debited														

Part 3: For Bank / Finance Company's Completion

To: The Manager	(Name & Address of BO)
Attn:	

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

- Signature/Thumbprint # differs from Bank's/Finance Co'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

Please delete where inapplicable