



48, LORONG 23, GEYLANG, SINGAPORE 388376 TEL: 6748 7292 FAX: 6748 7239  
Email address: admin@sbfc.org.sg Website: http://www.sbfc.org.sg

To: The Manager

(Receiving Bank and Branch Name)

Name of Party to be credited 接收捐款户口名称 :  
SINGAPORE BUDDHIST FREE CLINIC

My / Our Bank A/C No. 银行户口号码 :

My / Our Name (as in bank account) 姓名(相同与银行户口) :

Name of Donor's if other than A/C holder:  
非持有此银行户口捐款者姓名 :

Limit for each monthly payment:  
每月捐款:  
\$

Effective Date:  
生效日期:

Donor's IC /Passport No:  
捐款者身份证/护照号码:

My Address 地址:  
  
Postal Code 邮区:

Tel /Mobile /Fax:  
电话/手提电话/传真机:

I / We hereby authorize the 'Singapore Buddhist Free Clinic' to initiate and you to process debits to my / our account each not exceeding the limit indicated notwithstanding that to do so may result in an overdraft or an increase of the overdraft on my / our account. Provided that you will be entitled not to honour such payments should my / our account not contain the necessary funds and provided further that you are under no obligation to ascertain whether or not notice of the bill underlying the debit has been given to me / us.

The authorization shall continue to be in force until I / we have expressly revoked it by notice in writing delivered to you, it being understood that you may in your absolute discretion determine this arrangement by giving written notice to my/ our address last known to you.

I / We further understand that should the donor be someone other than myself / ourselves, you will not be concerned or required whether the donor's name on the record of the Singapore Buddhist Free Clinic is the same as the herein stated by me / us.

Date

My / Our Signature(s) [According to Bank's specimen signature(s)]

For official Use (See Note below)

To: The Manager

(Originating Bank and Branch Name)

Bank	Branch	SBFC Account No.
7 2 1 4	0 1 1	0 0 2 1 8 2 4 5 0 0 5

Donor's Reference
S B F C

Bank	Branch	Account No. to be debited

The Direct Debit Authorization in respect of the above-mentioned account is hereby \* ACCEPTED / REJECTED.

If rejected, reason:

\* delete as appropriate

Date:

Authorized Signature: