

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with 4)

Date:	Name of Billing Organisation ("BO"):
4 _____	<u>SINGHEALTH POLYCLINICS</u>
To: Name of Bank:	Billing Organisation's Customer's Name:
4 _____	4 _____
Branch:	Billing Organisation's Customer's Reference Number:
4 _____	4 _____
Payment Limit (maximum amount to be deducted per transaction basis):	Expiry date for this authorisation: ^{Note}
Note 4 _____	4 _____

- (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.
 (d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

Note: BOs should print and make clear whether this option is applicable or available to their customers.

My/Our Name(s) as in Bank's record	My/Our Contact (Tel/Fax) Number(s):
4 _____	4 _____
My/Our Account Number:	My/Our Company Stamp/Signature(s)/Thumbprint(s)*:
4 _____	4 _____
	(as in bank's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number
7171	003	

Billing Organisation's Reference Number

Bank	Branch	Account Number To Be Debited

PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

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

- | | |
|--|--|
| <input type="checkbox"/> Signature/Thumbprint# differs from Bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by customer/BO |
| <input type="checkbox"/> Account operated by signature/thumbprint# | <input type="checkbox"/> Other reason(s): _____ |

Name of Approving Officer Authorised Signature Date

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

Please delete where inapplicable

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National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics



SHP SPEED PAY AUTHORISATION FORM
(FOR APPLICANT'S COMPLETION)

I, _____ (NAME), _____ (NRIC), hereby authorise deductions to be made by SingHealth Polyclinics from my bank account _____ (BANK ACCOUNT NUMBER), _____ (BANK NAME) for the payments of the following person(s) bills:

<u>S/N</u>	<u>Patient Name</u>	<u>Patient's NRIC</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Name of bank account holder

NRIC of bank account holder

Signature

**Please provide your NRIC and/or valid identification document(s) for verification.*