

DIRECT DEBIT AUTHORISATION

Donor's particulars

(Donations from 1 Jan to 31 Dec 2015 are entitled to 300% tax-exemption)

Donor must be above 18 years old. Below 18, a letter is required from parents/guardians

This authorisation will remain in force until written notice of termination is received by CARE Singapore.



Dr/Mr/Mrs/Ms _____ Email Address: _____

Address: _____ Orgn/Company: _____

Department: _____

Postal Code: _____ Contact nos: (HP _____

*NRIC/FIN No: _____ UEN: _____ (office) _____

for individuals

for companies

* By providing this information, your donation will be automatically included in your IRAS tax assessment.

Please tick the relevant boxes below. If we may contact you by email: email address _____ @ _____

I consent to CARE Singapore using this personal data to notify me of and/or invite me to fundraising or other events, including contacting me by phone or SMS, and otherwise using it to seek donations from me

I consent to CARE Singapore sending me newsletters and other communications about CARE Singapore and its activities

I wish to... (please tick your choice)

make a monthly contribution of \$50 \$200 other amount \$ _____ (pls write amount)

Donor's Bank & Branch Name:

Bank Account Number:

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CARE Singapore's Bank Account No: 7339 - 536 - 044670001 Donor Reference No: _____
(to be filled up by CARE Singapore)

To the Bank Manager:

*I/We hereby authorise you to debit my/our bank account monthly for the stated amount only and credit CARE Singapore's account stated above.

You are entitled to reject CARE's debit instruction if my account does not have sufficient funds and charge me a fee on this. At your discretion, you may also allow the debit if this results in an overdraft on the account and impose charges accordingly.

This authorisation will remain in force until I/we expressly revoke it by a written notice delivered to you.

Date: _____

* delete where not applicable

Signature or right thumb print as in bank record

FOR BANK'S COMPLETION ONLY

To: **CARE Singapore**

428 Pasir Ris Drive 6. #01-21
Singapore 510428

Tel: 65833481

This application is APPROVED / REJECTED*

If rejected, for the following reason(s). (please tick)

- Signature/thumbprint different from bank's record
- Wrong or incomplete account number
- Amendments not countersigned by applicant
- Others: (pls specify)

Authorised Signature