

APPLICATION FORM FOR INTERBANK GIRO

Date: ✓ _____ To : Name of Financial Institution: ✓ _____ Branch: ✓ _____	Name of Billing Organisation: WORLD VISION INTERNATIONAL World Vision's Customer's Name: ✓ _____ World Vision's Customer's Reference Number: <i>(optional)</i> ✓ _____
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CONTRIBUTION TO WORLD VISION INTERNATIONAL

<p style="text-align: center;">WORLD VISION CHILD SPONSORSHIP</p> YES! I would like to sponsor _____ child/children. (No. of child/children) Please select one of the following: <input type="checkbox"/> Please deduct \$45 for each child from my account every month . <input type="checkbox"/> Please deduct \$270 for each child from my account every 6 months . <input type="checkbox"/> Please deduct \$540 for each child from my account every 12 months .	<p style="text-align: center;">OTHER CONTRIBUTIONS</p> YES! I would like to make an additional contribution of \$_____ every month/6 months/ year (please circle your preferred contribution frequency) towards: <input type="checkbox"/> Emergency Relief <input type="checkbox"/> General Childcare <input type="checkbox"/> Children in Crisis
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- (a) I/We hereby instruct you to process the World Vision's instructions to debit my/our account.
 (b) You are entitled to reject the World Vision'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 World Vision.

The deduction will be made on either the 1st or 15th of the month. If the deduction date falls on a Saturday, Sunday or Public Holiday, the deduction will be made on the next working day.

My/Our Name (s):

✓ _____

My/Our Account Number:

✓ _____

My/Our Contact (Tel/Fax/Pager) Number(s):

✓ _____

Email Address:

✓ _____

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

✓ _____

(As in Financial Institution's records)

PART 2: FOR WORLD VISION COMPLETION

Bank	Branch	World Vision Account No.
7 1 7 1	0 0 1	0 0 1 0 3 0 6 0 0 6

World Vision's Customer Ref. Number:

Bank	Branch	A/C to be debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: World Vision International

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

- | | |
|---|--|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution'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

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

Please delete where inapplicable