

DIRECT DEBIT GIRO AUTHORISATION FORM 直接过账授权表格



LUTHERAN COMMUNITY CARE SERVICES LTD
450 Macpherson Road
Singapore 368170
Tel: +65 6441 3906
Fax: +65 6446 3906
www.lccs.org.sg

MY MONTHLY SUPPORT TO LUTHERAN COMMUNITY CARE SERVICES LTD (LCCS) WILL BE:
我每月捐给信义社区关怀服务的金额是:

\$20 \$50 \$100 \$200 \$500 Other amount 其它金额 \$ _____

PART 1: FOR DIRECT DEBIT/GIRO PAYMENT (please write clearly in the spaces indicated with ✓)

第1部分: 直接过账/财路(GIRO)支付(请在标明✓的空位上填写清楚)

BANK ACCOUNT DETAILS 银行户头详情

✓ Date 日期

✓ Bank 银行

✓ Branch 分行

✓ Billing Organisation's Donor's name 计费组织的捐赠者名称

(a) I/We hereby authorise you to process LCCS instructions to debit my/our account.
我/我们谨此授权贵银行根据信义社区关怀服务的指示从我/我们的户头扣款。

(b) You are entitled to reject LCCS 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.
如果我/我们的户头存款不足, 贵银行有权拒绝信义社区关怀服务的扣款指示, 并向我/我们收取一笔行政费。即使扣款会导致该户头透支, 贵银行亦可自行批准有关扣款, 并按规定收取费用。

(c) This authorisation will remain in force until terminated by your notice sent to my/our address last known to you or upon receipt of my/our written revocation through LCCS
此上授权将保持有效, 直到贵银行按最后所知地址将终止授权的通知函寄给我/我们, 或直到贵银行通过信义社区关怀服务接获我/我们的书面撤消通知。

✓ My/Our Name (As in NRIC) 我/我们的姓名(按身份证填写)

✓ My/Our Contact (Tel/Mobile/Fax) Number(s)*
我/我们的联系号码(电话/手机/传真)

✓ My/Our Account Number 我/我们的户头号码

✓ My/Our Company Stamp, Signature(s)/Thumbprint(s)*
我/我们的公司盖章, 签名/拇指印*

(As in Bank's records) *For thumbprint, please go to the branch with your identification.
(须与银行记录相同) *如使用拇指印, 请携带身份证件到银行分行办理相关手续。

PART 2: TO BE COMPLETED BY LUTHERAN COMMUNITY CARE SERVICES LTD (LCCS)

第2部分: 供信义社区关怀服务填写

Bank 银行	Branch 分行	LCCS's Bank A/C No. 信义社区关怀服务银行户头号码
7 3 7 5	0 2 6	1 2 6 3 0 8 9 3 5 4

Donor's Reference No. 捐款者编号

Bank 银行	Branch 分行	Account No. To Be Debited From 将扣款的户头

PART 3: TO BE COMPLETED BY APPROVING BANK

第3部分: 供核准银行填写

To: Lutheran Community Care Services Ltd 致: 信义社区关怀服务

This Application is hereby REJECTED (please tick) for the following reason(s): 此申请已被拒绝(请勾选), 原因如下:

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint* differs from Financial Institution's records
签名/拇指印*与金融机构的纪录有差异 | <input type="checkbox"/> Wrong account number
户头号码错误 |
| <input type="checkbox"/> Signature/Thumbprint* is incomplete/unclear*
签名/拇指印*不完整/不清楚* | <input type="checkbox"/> Amendments not countersigned by customer
修改未经客户副署 |
| <input type="checkbox"/> Account operated by signature/thumbprint*
户头的运作是基于签名/拇指印* | <input type="checkbox"/> Others; 其他 _____ |

*Please delete where applicable *请删除不适用者

Name of Approving Officer 核准职员姓名

Authorised Signature 授权签名

Date 日期

Please glue and seal here

Please glue and seal here

Please glue and seal here

Please glue and seal here

YES! I want to make a difference! 是的! 我愿意改善他人的生活!

I wish to donate: 我想捐献:

\$20 \$50 \$100 \$200 \$500 Other amount 其他款额\$ _____

Please accept my gift 请接受我的捐献

as monthly donations via Credit Card/GIRO* 通过信用卡/财路(GIRO)*每月捐款

For GIRO payment, please submit this form and the Direct Debit Authorisation Form below.

以财路支付, 请将这表格和以下的直接扣账授权表格填妥然后邮寄给我们。

as a one-time donation via Cash/Cheque/Credit Card* 通过现金/支票/信用卡*一次性捐款

*Please delete where applicable. *选择一项。

Cheque Number 支票号码 _____

(Please make cheque payable to Lutheran Community Care Services Ltd)
(请将支票付予 Lutheran Community Care Services Ltd)

Credit Card Number 信用卡号码 _____

Expiry Date 截止日期 _____ Signature 签名 _____

I would like to 我愿意...

be on your mailing list 将我个人资料列入信义社区关怀服务的邮寄名单内

Note: Donations to Lutheran Community Care Services Ltd are eligible for a 250% tax deduction. Donors do not need to claim for tax deduction as the donation details will be given to IRAS automatically. Donors' particulars will not be acknowledged in any corporate collaterals or publications unless otherwise requested or stated. Thank you for your support.

附注: 给予信义社区关怀服务的捐款可获得250%的所得税扣除。我们将会向税务局呈报所有捐款资料, 所以您不需要将这捐款数额填写在报税表格上。捐献者的个人资料将不会在任何信义社区关怀服务的刊物出现, 除非事先议定。感谢您的支持。

Name (as per NRIC) (Dr/Mr/Mrs/Ms) / Company Name[†]

姓名(按身份证填写)(博士/先生/女士/小姐) / 公司名称[†]

NRIC/FIN/UEN (ROC or ROB No.)[†]

身份证/外籍身份证/机构识别号(公司注册号码)

Home Contact

住家电话

Office Contact 办公室号码

Handphone Contact[†] 手机号码[†]

Address[†] 地址[†]

Date of Birth 出生日期

Occupation 职业

Email Address 电邮

[†] Mandatory fields for auto inclusion for tax deduction[†] 必须填写此栏以便自动所得税扣除呈报

ROC Reg. No.: 200207586Z Charities Reg. No.: 001654

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LCCS

Changing Stories,
Transforming Lives.

Co. Reg. No. 200207586Z

**BUSINESS REPLY SERVICE
PERMIT NO. 08606**



Lutheran Community Care Services Ltd
450 Macpherson Road
Singapore 368170

Postage will be paid by addressee.
For posting in Singapore only.

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