



Please complete Part 1 of this form. Please note that **no correction tape/fluid** should be used on this form. Any cancellations made must be endorsed by the account holder/bank.

**Part 1: For Applicant's Completion (fill in the spaces indicated with a ✓)**

✓ Date: <hr/> ✓ To: Name of Bank / Finance Company: <hr/> ✓ Branch:	✓ Name of Billing Organisation ("BO"): Hwa Chong Institution <hr/> ✓ Name of Student: <hr/> ✓ Student's NRIC/Fin No
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- (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 so doing. 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.

✓ My/Our Name(s) as in the account: <hr/> ✓ My/Our Account No:	✓ My/Our Contact Tel/Handphone No(s): <hr/> ✓ *My/Our Company Stamp/Signature(s)/Thumbprint(s): <hr/> (As in Bank/Finance Company's records)
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\* If your account operates on **thumbprint**, please take this form and your passbook to your bank for the impression.

**Part 2: For Billing Organisation's Completion**

Bank	Branch	Hwa Chong Institution Bank A/C No.	Reference No.
7   3   7   5	0   5   9	1   2   6   3   0   9   5   3   7   0	

  

Bank	Branch	Account No to be debited

**Part 3: For Bank / Finance Company's Completion**

To: Hwa Chong Institution  
Attn: Finance Unit

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

- |   |   |
|---|---|
| <input type="checkbox"/> Signature differs from Bank's/Finance Co's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature irregular                                | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by thumbprint #                   | <input type="checkbox"/> Others: _____                            |

_____ Name Of Approving Officer	_____ Authorised Signature	_____ Date
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# Please delete where inapplicable