Application Form for InterBank Giro 财路申请表格

Part 1: For Applicant's Completion (fill in the spaces indicated with †) 申请者填写（请把 † 空格填上）

Date 日期
†

Name of Billing Organisation ("BO") 受益团体
Leukemia & Lymphoma Foundation

To: Name of Financial Institution 金融机关名称
†

Billing Organisation's Customer's Name 受益团体客户姓名

Branch 分行
†

Billing Organisation's Customer's Reference No. 受益团体客户参考号

(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 charge 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) 姓名
†

My/Our Account Number 户口号码
†

My/Our Contact (Tel/Fax) Number(s) 联络号码 (电话/传真)
†

My/Our Company Stamp/Signature(s)/Thumbprint(s)*
公司印章/签名或拇指印
†

(As in Financial Institution's records)（如同金融机关记录）

My Monthly Contribution 每月乐捐 *(please tick 请打✓)*

☐ $30.00 ☐ $50.00 ☐ $80.00 ☐ $100.00 ☐ $ _____
(please specify 请注款项)

Part 2: For Leukemia & Lymphoma Foundation's Completion

Bank	Branch	Leukemia & Lymphoma Foundation's Account Number
7 1 7 1	1 1 8	1 1 8 9 0 0 2 2 5 2

Leukemia & Lymphoma Foundation's Donor Reference Number

Bank	Branch	Account Number to be Debited

Part 3: For Financial Institution's Completion

To: Leukemia & Lymphoma Foundation

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

☐ Signature/Thumbprint** differs from Financial Institution's records
☐ Signature/Thumbprint** incomplete/unclear**
☐ Account operated by signature/thumbprint**
☐ Wrong account number
☐ Amendments not countersigned by customer
☐ Others _____

_____ Name of Approving Officer

_____ Authorised Signature

_____ Date

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

** Please delete where inapplicable.