

Please complete PART 1 of this form and return to the Billing Organization

Part 1: For Applicant's Completion (fill in the spaces indicated with a ✓)	
✓ Date	✓ Name of Billing Organization ("BO") The Operation Hope Foundation Ltd
✓ To: Name of Bank / Finance Company	✓ BO's Customer Name
✓ Branch:	✓ BO's Customer Reference No.

- a) I/We hereby instruct you to process the BO's instruction 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 authorization 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 revocation through the BO.

My/Our Name(s):

✓ _____

My/Our Contact Tel/Fax/Handphone No(s):

✓ _____

My/Our Account No:

✓ _____

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

✓ _____

(As in Bank/Finance Company's record)

*For thumbprints, please go to branch for your identification.

Part 2: For Billing Organization's Completion

Bank	Branch	BO's Account No.
7 3 7 5	0 0 1	1 0 1 3 2 3 3 1 5 8

BO's Customer Ref No

Bank	Branch	Account No to be debited

Part 3: For Bank / Finance Company's Completion

To : The Manager

(Name & Address of BO)

Attn:

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

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

Name of Approving Officer

Authorised Signature

Date

Please delete where inapplicable