Billing Organisation : <u>L</u>	embaga Pentadbir Masjid Al Abdu	l Razak
Γο (Finance Institution) : <u>C</u>	DCBC Bank	Date :
Branch : _		
	PART I: TO BE	COMPLETED BY DONOR
Dank		
Bank : _		
My / Our Name(s) : _		*Address :
My / Our Account Number(s) : _		
My / Our Reference Number(s) : _ IC No.)		Postal Code :
My / Our Contact Numbers : _		Email :
*COMPULSORY FIELDS. Please complete the compulsory fields.		I hereby instruct you to process the Billing Organisation's instructions to debit my/our account.
		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 charges accordingly.
My / Our Company Stamp / Sigr (Please verify with bank for accoun		This authorisation will remain in force until terminated by your written notice sent to my address last known to you or upon receipt of my written revocation through the Billing Organisation.
My / Our monthly pledge amount :	\$ 5.00	* Please be advised that the giro application will be rejected if:
please √ accordingly)	\$ 10.00	1. The account is a Trust account;
	\$ 50.00	2. Credit card account;
	\$ 100.00	3. Signature differs from bank's records; or account operated by
-	Others (to indicate amt)	thumbprint / signature or thumbprint / signature incomplete / unclear.
	PART II : BILLING O	RGANISATION'S OFFICAL USE
Account to be debited : _	Bank Branch A/C No	BO Account No. : 581 - 65191 - 6001 Lembaga Pentadbir Masjid Al Abdul Razak
My / Our Reference Number(s) : _		
	PART III : FOR	BANK'S OFFICIAL USE
_		ECTED due to the following reason(s):-
	rom Bank's records	Wrong account number
☐ Signature / Thumbprint differs fr☐ Signature / Thumbprint unclear☐ Account operated by thumbprint	•	☐ Others