



NPS International School

**APPLICATION FORM FOR INTERBANK GIRO**

MY / OUR ACCOUNT PARTICULARS		
ACCOUNT NAME	:	
ACCOUNT NO	:	
STUDENT(S) NAME & GRADE	:	
NAME OF BANK	:	
NAME OF BRANCH	:	
ADDRESS OF BRANCH	:	
AUTHORISATION AGREEMENT		
<p>I/We confirm that I/We have received, read and understood and agree to be bound by the Bank's Terms and Conditions Governing the operations of the Accounts.</p> <p>We authorize the bank to debit my/our account with the payment as per instructions received from NPS International School and credit the same to the payee's/beneficiary's account, notwithstanding that to do so may result in an overdraft or an increase of the overdraft on my/our account. The Bank is under no obligation to make such payment(s) if my/our account does not have sufficient funds on the day that payment(s) is/are due nor to effect overdue payments even though funds are deposited in my/our account subsequent to the due date for payment(s).</p> <p>I/We acknowledge that the Bank shall be entitled to effect currency conversion at the Bank's own rate of exchange for remittance in foreign currency by Manager's Cheque, Demand Draft, Telegraphic/SWIFT/MEPS Transfer or by any other available means. I/We understand that a charge will be levied on each standing order payment that is rejected due to insufficient funds, in accordance with the Bank's Terms and Conditions governing the operations of the accounts.</p> <p>I/We understand that this authorization shall continue to be in force until expressly revoked by notice in writing signed by myself or any one of us and delivered to the Bank, it being understood that the Bank may, at its absolute discretion, determine this arrangement by giving written notice to me/us at my address last known to the Bank. I/We acknowledge that any alteration and cancellation of the instructions stated above should reach the Bank at least fourteen (14) business days before the next successive payment is due. I/We understand that payment will be effected on the next business day if the payment date falls on a Sunday or Public Holiday.</p> <p>I/We hereby agree to absolve the Bank from any liability whatsoever in respect of any error or omission in the payment (s) to the payee or beneficiary and to indemnify the Bank from and against any and all claims, demands, losses, actions, proceedings, damages, charges and expenses, including legal costs, on an indemnity basis arising from the Bank's acceptance of and actions taken under this authorization.</p>		
Authorised Signature(s)	Date	
PAYEES / BENEFICIARY'S PARTICULARS		
I/We hereby authorize the Bank to issue payment to the following payee / beneficiary		
PAYEE'S / BENE'S NAME	:	NPS INTERNATIONAL SCHOOL
PAYEE'S / BENE'S ACC NO	:	090256-001
PAYEE'S / BENE'S BANK	:	INDIAN BANK
		3 RAFFLES PLACE SINGAPORE 048617
BANK CODE	:	7241
		BRANCH CODE : 001
PAYMENT DETAILS		
Payment Mode	:	GIRO
Frequency of Payment	:	MARCH, JULY, NOVEMBER
DATE OF PAYMENTS	:	10 MARCH
		10 JULY
		10 NOVEMBER
		NO. OF PAYMENTS/YEAR : 003
		CURRENCY TYPE : SGD
PAYMENT AMOUNT	:	
REFERENCE NO	:	
REMARKS / NARRATIVES	:	TERM FEES FOR .....
FOR BANK USE ONLY		
Reason for rejection	Signature(s) Verified By	Approved By
	Signature & Name      Date	Signature & Name      Date