FOR EVENTS USAGE ONLY

[Company letterhead, if applicable]

GIRO DIRECT CREDIT AUTHORISATION / INTERNET BANKING FORM

To be completed by vendor/supplier ¹]		
To: Institute of Singapore Chartered Accountants		
/We hereby authorise Institute of Singapore Chartered Accountants to credit payments due to me/us to my/our bank account, particulars of which are given below. This authorisation will remain in force until receipt of my/our written revocation and subject to I/we giving you 30 days prior written notice.		
My/Our bank account particulars ² are as follows:		
Account Payee's Name :		
Name of Bank/Branch :		
Bank Code/Branch Code/Account No.:/		
Email Address (to send Payment Advice to):		
Authorised Signature(s) (As in bank's records)	Company Stamp	Date
Name(s)	Designation(s)	
Name, designation, telephone no., email & fax no. of contact person:		
		

¹ Please email the completed form to **audrey.ng@isca.org.sg**² Please attach an extract of the bank statement [showing the bank account name and account number] from the bank for our verification purposes.