INTERBANK GIRO DIRECT CREDIT AUTHORISATION FORM (SCFA)

Note: This form is to be completed by the payee. Payments will be credited directly into the payee's corporate bank account as stated below. Please return the original form to the relevant MSF division after your bank has verified your signature (s).

Name as per Bank Account and Address:	Telephone No :
	Contact Person:
	Email Address (For payment listing purpose):
Name of Student Care Centre and Address (applicable if different from above):	
Name of Bank :	
Name of Branch:	
Bank Code Branch Code Account Number (Corporate/business account)
account. Amounts so credited would constitute valid discharge the sutherisation shall continue to be in force until I/we have to you. In the event of a change of bank account, I/we shall inform	ave expressly revoked it by notice in writing delivered
Authorised signature(s) as in bank record/Official Stamp	Date
PART II : Bank's Verification :	
To: Ministry of Social and Family Development	
We hereby verify that the signature(s) affixed in PART I all particulars of the bank account are correct.	pove is/are consistent with our records and that the
Name of Bank & Official Stamp	Authorised Signature & Date