

**PART 1: FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with #)**

# Date: \_\_\_\_\_ Practice Performing Arts Centre Ltd  
Name of billing organisation ("Practice")

# To: \_\_\_\_\_ # \_\_\_\_\_  
Name of Financial Institution Donor's Name

# \_\_\_\_\_ DTN: \_\_\_\_\_  
Branch Practice's reference no. for Donor

**Donation**

monthly:  \$10     \$20     \$50     Others    \$ \_\_\_\_\_  
 annually:  \$1000     \$2000     \$5000     Others    \$ \_\_\_\_\_

The donation is for (you may choose more than one):

- Practice's general use
- Practice Performing Arts School
- The Theatre Practice
- Theatre Training and Research Programme
- Specific project(s) (please name): \_\_\_\_\_

- a) I/We hereby instruct you to process Practice's instruction(s) to debit my/our account.
- b) You are entitled to reject Practice'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.
- 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 written revocation through Practice.

# My/Our Account Name: \_\_\_\_\_ # My/Our Contact (Tel/Fax) Number(s): \_\_\_\_\_

# My/Our Account Number: \_\_\_\_\_ # My/Our Company Stamp/Signature(s)/Thumbprint(s)<sup>+</sup>: \_\_\_\_\_

(As in Financial Institution's records)

**PART 2: FOR Practice's COMPLETION**

Bank	Branch	Practice's Account Number
7   3   7   5	0   0   5	1   0   5   3   0   8   2   8   6   1

Practice's Customer Ref. No.									
D	T	N							

**PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION**

To: Practice Performing Arts Centre Ltd  
 We confirm that the signature/other particulars as stated in Part 1 agree with that contained in our files.  
 The account number to be presented under the Interbank Giro format is as follows:

Bank	Branch	Account Number

\_\_\_\_\_  
 Name of Approving Officer Authorised Signature Date

<sup>+</sup> For thumbprints, please go to the branch with your identification \* Please delete where inapplicable