

**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).

<b>PART I : Payee's Particulars :</b>															
Name as per Bank Account and Address:								Telephone No : _____							
Name of Student Care Centre and Address (applicable if different from above):								Contact Person : _____							
								Email Address (For payment listing purpose): _____ _____ _____ _____							
Name of Bank :															
Name of Branch :															
Bank Code				Branch Code				Account Number (Corporate/business account)							
<p>I/We hereby authorise Ministry of Social and Family Development to credit payments due to me/us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/us.</p> <p>This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you.</p> <p>In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before the change.</p>															
_____												_____			
Authorised signature(s) as in bank record/Official Stamp												Date			
<b>PART II : Bank's Verification :</b>															
<p>To: Ministry of Social and Family Development</p> <p>We hereby verify that the signature(s) affixed in PART I above is/are consistent with our records and that the particulars of the bank account are correct.</p>															
_____												_____			
Name of Bank & Official Stamp												Authorised Signature & Date			