Refund to the CDA

One-Time Direct Debit Authorisation (DDA)

Date:

Services Processing Officer
Ministry of Social and Family Development
Family Development Group (Baby Bonus & Leave Branch)
Family@Enabling Village
20 Lengkok Bahru, #04-02
Singapore 159053

Dear Sir/Mdm

One-Time Set Up of DDA for Refund to Child Development Account (CDA).

1. We enclose the DDA form for your processing.

2. For clarification, please contact me at _____.

_____

Name:

Name of Approved Institution:

FOR MSF'S USE		
Date sent to DBS:	DDA Arrangement with MSF Date :	Processed by and date:

APPLICATION FORM FOR INTERBANK GIRO

Date:

☐_____

To: Name of Bank:

☐_____

Branch:

☐_____

Name of Billing Organisation ("BO"):

☐MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

Billing Organisation's Customer's Name:

☐MSF-CHILD DEV CO-SAVINGS SCHEME

Billing Organisation's Customer's Reference Number (AI Institution Code):

☐_____

(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.

(b) You are entitled to reject the BO'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 authorisation 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 the BO.

(d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

My/Our Name(s) as in Bank's record

☐_____

My/Our Account Number:

☐_____

My/Our Contact (Tel/Fax) Number(s):

☐_____

My/Our Company Stamp/Signature(s)/Thumbprint(s)*:

☐_____

(as in bank's records)

Bank	Branch	Billing Organisation's Account Number
7 1 7	1 0 0	3 0 0 3 9 2 7 6 4 9 4

Billing Organisation's Reference Number

Bank	Branch	Account Number To Be Debited

To: Billing Organisation

This Application is hereby REJECTED (please tick) for the following reason(s):

☐ Signature/Thumbprint# differs from Bank's records
☐ Signature/Thumbprint# incomplete/unclear#
☐ Account operated by signature/thumbprint#

☐ Wrong account number
☐ Amendments not countersigned by customer/BO
☐ Other reason(s): _____

_____

_____   _____   _____
Name of Approving Officer   Authorised Signature   Date

* For thumbprints, please go to the branch with your identification.   # Please delete where inapplicable