## **GIRO TERMINATION FORM**

Original Copy Required

## THE LEARNING LAB

Termination

- You need only fill in the shaded fields
- Please use the same signature as that in your bank account
- If any amendments are made, please countersign next to the amendment

FOR APPLICANT'S COMPLETION (ALL FIELDS TO BE COMPLETED)	
Date DD/MM/YY	Account Information Official Use
	Household ID (Debtor's Reference)
To: Billing Organisation	
THE LEARNINGLAB EDUCATION CENTRE PTE LTD	
I/We wish to terminate my/our Interbank GIRO authorization in res	spect of the above-mentioned Account with effect from
Date DD/MM/YY	
, ,	
My/Our name(s) As in Bank Account	
Contact Number	
My/Our Bank Account Number	
	Name of Student(s) / Student ID
	1. 2. 3. 4. 5.
My/Our Signature(s) (As in bank	