

CUSTOMS CREDIT CO - OPERATIVE SOCIETY (S) LTD.



35 selegie Road #04-01, Parklane Shopping Mal, Singapore-188307
Tel: +65 6338 4890 Fax: +65 6338 4870, Email : cccsl@singnet.com.sg

DIRECT DEBIT AUTHORISATION FORM

A. APPLICANT'S PARTICULARS

Name(s) as in bank a/c: _____

NRIC : _____

Correspondence Address : _____

Contact Telephones : _____

Home : _____ Office : _____

Mobile : _____ Pager : _____

B. APPLICANT'S BANK DETAILS

Bank Name: _____

Bank Branch: _____

Bank a/c No: _____

C. DIRECT DEBIT INSTRUCTION

Name of Billing Organisation (BO) :

CUSTOMS CREDIT CO-OPERATIVE SOCIETY (S) LTD.

Amount :

\$ 30 \$50 \$100 \$150 \$200

Others, please specify: _____

D. OTHER INSTRUCTIONS

- I / We hereby instruct you to process the BO's instruction to debit my / our account monthly.
- You are entitled to reject the BO's debit instruction if my / our account does not have sufficient funds and charge me / us a free of this. You may also at your discretion allow the debit event if this results in an overdraft on the account and impose charges accordingly.
- This authorization will remain in force until terminated by your written notice sent to my / our address last known to you or open receipt of my / our written revocation through the BO's

Signature(s) / Thumbprint(s) * as in Bank a/c _____

Date _____

FOR BILLING ORGANISATION'S COMPLETION

FOR OFFICIAL USE ONLY

Bank	Branch	Billing Organisation's Account No.
7 3 7 5	0 0 1	9 2 2 3 4 1 8 4 0 2

Bank	Branch	Debit Account No.

Billing Organisation's Customer Ref. No.

FOR FINANCIAL INSTITUTION'S COMPLETION

This application is hereby REJECTED () for the following reason(s):

To: CUSTOMS CREDIT CO-OPERATIVE SOCIETY (S) LTD.
35 selegie Road #04-01, Parklane Shopping Mal, Singapore-188307

- Signature / Thumbprint # differs from Financial Institutions records
- Signature / Thumbprint # incomplete / unclear #
- Account operated by signature / Thumbprint #
- Amendments not countersigned by customer
- Wrong account Number
- Others : _____

Please delete where applicable

Name of Approving Officer

Authorised Signature

Date :