

**CUSTOMS CREDIT CO - OPERATIVE SOCIETY (S) LTD.**

35 Selegie Road #04-01, Parklane Shopping Mall, 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 :