DirectDebit
AUTHORIZATION FORM

OCBC

IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ☒ ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * ☐ New Application ☐ Maintenance ■ Termination

Account Holder's Name (Primary) *

ID Number *(without '-' or '/')* * ☐ New IC ☐ Passport ☐ Old IC ☐ Business Reg.

Saving or Current Account No *(without '-' or '/')* *

Telephone Number

Bank Abbreviation * *(Refer to Guideline for abbreviation list)*

E-Mail

Purpose of Payment * T A K A F U L C O N T R I B U T I O N

Maximum amount to debit per transaction (RM)* - (Subject to maximum limit specified by the DD Operator)

Maximum frequency * 0 0 2

Mode of frequency * ■ Daily ■ Weekly X Monthly ■ Yearly

Effective Date * (**DDMMYY**) D D M M Y Y

Expiry Date (**DDMMYY**) [redacted]

Declaration:

a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.
b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).
c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
e. I/We hereby agree to be bound by the Terms and Conditions.
f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

Signature / Company Stamp* _____ Date* (**DDMMYY**) D D M M Y Y

Account Holder's Signatures as per Bank's record
(***For Joint Account*** *- Signature as per Bank's signing condition*)

FOR CORPORATION'S COMPLETION

Biller ID * S E 0 0 0 1 4 4 4 3

Date* (**DDMMYY**) D D M M Y Y

Payment Reference No. *(Certificate Number.)* (**Must be unique**) *

Prepared By (Name) : _____

Signature : _____

CSD-DDA-V05-102020-TAKAFUL