



AUTHORIZATION FORM

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

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

E-Mail

Purpose of Payment *

Maximum amount to debit per transaction (RM) * 500 - 00 (Subject to maximum limit specified by the DD Operator)

Maximum frequency * 3 Mode of frequency * Daily Weekly Monthly Yearly

Effective Date* (DDMMYY) Expire Date (DDMMYY)

Declaration :

- a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's ba the Direct Debit Operator for the purpose of the Direct Debit collection.
- b. I/We hereby acknowledge that a fee/charge will be changed to me/us in the event my/our Account has insufficient balance to Direct Debit payment instructions(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 is this applicatio from 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 Terms and Conditions.
- f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporatio
- g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction f not payable by the Corp

Signature / Company Stamp* _____ Date (DDMMYY)

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

FOR CORPORATION'S COMPLETION

Billier ID * 0000000457 Date (DDMMYY)

Payment Reference No. (e.g. Policy No., etc.) (Must be unique) *

Prepared By (Name) : MUHAMMAD DANIAL DINIE BIN NOOR ZAMRI

Signature :