MAYBANK CARD INTERBANK GIRO FORM

INSTRUCTIONS

1. Signature must be the same as per your Bank's records.
2. Please continue to pay your bills by cheque or cash until you receive confirmation from us.
3. Please allow at least 4 weeks for application to be approved.
4. Please use a separate Maybank Card Interbank GIRO Form for each Maybank Card Account.

To apply, simply complete the GIRO FORM and mail it back to us at Cards & Payment Services, Robinson Road P.O.Box 045 Singapore 900045

Part 1: FOR APPLICANT'S COMPLETION
(Principal Account Only)

Name of Billing Organisation
Maybank, Cards and Payment Services

To: Name of Financial Institution _____

Branch _____

Cardmember's Name _____

Maybank Credit Card No.
| | | | | – | | | | | – | | | | | – | | | | |

Please indicate your payment instruction below. If you wish to change this instruction for a particular month, you should call us at least 5 working days before the payment due date to stop the GIRO instruction:

For Credit Card GIRO payment ☐ Full ☐ Minimum

(a) I/We hereby instruct you to process Maybank's instructions to debit my/our account below as instructed here and/or to debit such sum(s) as Maybank may notify you from time to time.
(b) You are entitled to reject Maybank's debit instructions if my/our account does not have have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
(c) This authorisation will remain in force until revoked by me/us by written notice delivered to you. You may at your absolute discretion terminate the above arrangement by written notice to me/us delivered to my/our last known recorded address.

My/Our Name(s) as in Financial Institution's Records

(1) _____

(2) _____

My/Our Contact No.

(1) _____

(2) _____

My/Our Account No. with Financial Institution

(1) | | | | | | | | | | | | | | | | |

(2) | | | | | | | | | | | | | | | | |

_____ _____
My/Our Company Stamp(s)/Signature(s)/Thumbprint(s)#
(As in Financial Institution's records)

Date

Part 2: CARDS AND PAYMENT SERVICES (Maybank) COMPLETION

Bank: 7 3 0 2 | Branch: 0 0 1 | Billing Organisation's Account No.: 0 4 0 1 0 6 4 6 8 8 5

Bank | Branch | Account No. To Be Debited

Maybank Credit Card No.
| | | | | – | | | | | – | | | | | – | | | | |

Part 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To Billing Organisation

Bank | Branch | Account No. To Be Debited

☐ This Application is APPROVED
☐ This Application is REJECTED for the following reason(s)
(Please tick where appropriate)

☐ Signature/Thumbprint# differs from Financial Institution's Records
☐ Signature/Thumbprint# incomplete/unclear#
☐ Account operated by Signature/Thumbprint#
☐ Wrong Account Number
☐ Amendments not countersigned by customer
☐ Others _____

_____ _____ _____
Name of Approving Officer | Authorised Signature | Date

Please delete where applicable. For thumbprints, please go to the branch with your identification

CPS026/DEC06/BS1/B/GIRO