


AUTO DEBIT/INTERBANK GIRO AUTHORISATION
IMPORTANT INFORMATION:

- Please complete all fields and mail the original form to **CIMB Bank Berhad, Credit Cards & Personal Financing (ECO), Robinson Road P.O. Box 0088, Singapore 900138.**
- Any amendment(s) in the form must be countersigned. Forms containing change(s) made with correction fluid will be rejected.
- Please ensure that there are sufficient funds in the designated account on the payment due date for Auto Debit arrangement, and 2 business days (excluding Saturday, Sunday and Public Holiday) prior to the payment due date for Interbank GIRO arrangement. We assume no responsibility for all losses, charges, claims or penalties arising from an insufficient balance being maintained in the designated account at the time of deduction.
- **Note:** A minimum payment amount of S\$10 is required for payments via Auto Debit/Interbank GIRO. Please arrange for payment(s) using other payment modes should your payment amount be below it. Visit www.cimb.com.sg/cardpayment to view alternate available channels.
- Please allow 4-6 weeks for the processing of your application. When approved, it will be reflected in your CIMB Credit Card Statement/CashLite Personal Instalment Loan/Term Loan Statement that payment will be made via Auto Debit/Interbank GIRO. In the meantime, please promptly settle your outstanding bills in full to avoid incurring interest and late payment charges.
- For further assistance, please call our **24-Hour Customer Service Hotline at +65 6333 6666.**

 To: **CIMB Bank Berhad**
FOR APPLICANT'S COMPLETION
 Auto Debit (CIMB Current/Savings Account) Interbank GIRO (Other Bank's Current/Savings Account)

Name of Financial Institution (Billing Organisation):

Branch:

 Individual Account Joint Account (Alternate) Joint Account (And)

Account No. to be Debited:

Name as in Bank Account (Underline Surname):

 Dr Mr Mrs Ms Mdm

Home No.:

Mobile No.:

Office No.:

Fax No.:

Name of Joint Account Holder:

 Dr Mr Mrs Ms Mdm

Home No.:

Mobile No.:

Office No.:

Fax No.:

I/We hereby instruct you to make payment of the amount indicated from my account via Auto Debit/Interbank GIRO in respect of the below Principal Card#.

 Full Amount Minimum Amount

(If left unticked, the full payment option will be automatically chosen)

CIMB BANK BERHAD - CREDIT CARD/CASHLITE PERSONAL INSTALMENT LOAN/TERM LOAN DETAILS

 Credit Card/CashLite Personal Instalment Loan/
Term Loan Account Number(s)

Name of Cardmember(s)

NRIC/Passport No.

***IMPORTANT**

1. By the Principal Cardmember's provision of their relevant Credit Card/CashLite Personal Instalment Loan/Term Loan account number, the Principal Cardmember is deemed to have authorised CIMB Bank's debit of the abovementioned Current/Savings Account in accordance with the above payment instruction, to satisfy the indebtedness incurred on both the Principal and any Supplementary Card(s) in respect thereof.
2. You are entitled to reject the Billing Organisation's debit instruction if my/our account does not 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 imposes charges accordingly.
3. This payment instruction and/or authorisation will remain in force until terminated by written notice sent in accordance with the manner set out in the applicable terms and conditions governing the named account.
4. For Cardmembers who have both a CIMB World Mastercard® and CIMB Visa Infinite Card, separate authorisation forms should be submitted for each card.

My/Our Signature(s)/Thumbprint(s)*

(As in Financial Institution's records)

Signature/Thumbprint of Applicant & Date

Signature/Thumbprint of Applicant & Date

Name:

Name:

NRIC/Passport No.:

NRIC/Passport No.:

*For thumbprint, please approach your Financial Institution branch with your NRIC/Passport to have your thumbprint taken/witnessed.

FOR BANK'S COMPLETION

BIC

C I B B S G S G X X X

BILLING ORGANISATION'S ACCOUNT NO.

BILLING ORGANISATION'S CUSTOMER'S REFERENCE NO.

BANK

BRANCH

ACCOUNT NO. TO BE DEBITED

CREDIT CARD ACCOUNT NO.

FOR BILLING ORGANISATION'S COMPLETION

 To: **CIMB Bank Berhad**
Credit Cards & Personal Finance (ECO), Robinson Road P.O. Box 0088, Singapore 900138

This application is hereby rejected (please tick) for the following reason(s):

- Signature/Thumbprint* differs from Financial Institution's records
 Account operated by Signature/Thumbprint*
 Amendments not countersigned by customer
 Signature/Thumbprint* incomplete/unclear
 Wrong account no.
 Others:

NAME OF APPROVING OFFICER:

AUTHORISED SIGNATURE:

DATE:

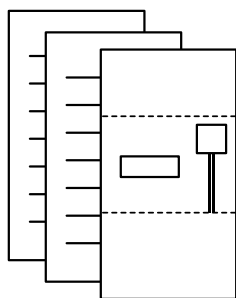
^Please delete where inapplicable.

Thank you for banking with CIMB Bank.

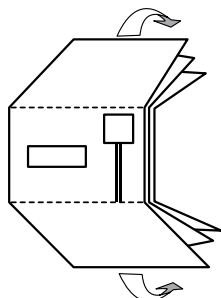
CIMB Bank Berhad (13491-P)

HOW TO USE THE BUSINESS REPLY ENVELOPE (BRE)

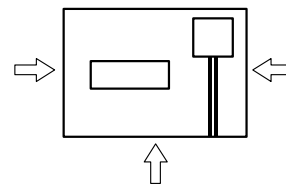
NOTE: Kindly fold along the dotted lines with this side facing out.



1. Place documents together with the BRE.

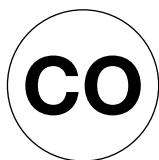


2. Fold inwards along the dotted lines as indicated.



3. Seal along edges with clear tape (do not staple). Drop sealed envelope into post box.

Fold Here



**Business Reply Service
Permit No. 08456**



CIMB BANK BERHAD
Attn: Credit Cards & Personal Financing
(ECO)
Robinson Road, P.O. Box 0088
Singapore 900138

Strictly Private and Confidential

Postage
will be paid
by addressee.
For posting in
Singapore only.



Fold Here

Seal here with clear tape

Seal here with clear tape