

# DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of \_\_\_\_\_ . Payment will be credited directly  
(Name of Paying Organisation)  
into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form,  
obtain his banker's certification in Part II and return the duly completed form to  
\_\_\_\_\_  
(Name of Paying Organisation)

## Part I (To Be Completed By Supplier)

(A) To: \_\_\_\_\_  
(Name of Paying Organisation)

### Supplier's Particulars:

Name : AMA AUTOCARE PTE LTD  
Address : 36, TIA GUAN ROAD EAST, #01-36 ENTERPRISE HUB S6 08580  
Telephone Number: 87783636 Fax Number: \_\_\_\_\_  
Name of Bank : OCBC Name of Branch: OCBC NORTH BRANCH  
Account Number To Be Credited : 712 500446001


I/We hereby authorise \_\_\_\_\_ to credit payments due to me/us to the above account.  
(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: \_\_\_\_\_  
(Name of Supplier's Bank)

I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.

  
\_\_\_\_\_  
Signatures and Company's stamp As In Bank Account

\_\_\_\_\_  
Date

## Part II (To Be Completed By Supplier's Bank)

To: \_\_\_\_\_  
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank	Branch	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>