



APPLICATION FOR RECURRING CREDIT CARD PAYMENT

PART I: FOR APPLICANT'S COMPLETION (ALL FIELDS TO BE COMPLETED)

Name (Appear on the card) : _____

NRIC : _____

Contact Number : _____ (H) _____ (HP) _____ (O)

Relationship To The Registered Tenant/Lessee : _____ (If Cardholder's Name differs from Registered Tenant/Lessee)

Type of Card : VISA MASTERCARD

Name of Bank : CITIBANK Other Banks (Please Specify) _____

Credit Card Number : - - -

Card Expiry Date (MM/YY) : /

PART II: PARTICULARS OF REGISTERED TENANT/LESSEE (ALL FIELDS TO BE COMPLETED)

Name (MR/MRS/MISS/MDM) : _____

NRIC : _____

Address : _____

Contact Number : _____ (H) _____ (HP) _____ (O)

Town Council Reference Number : **C** - - -

I hereby instruct Ang Mo Kio Town Council to charge my service and conservancy charges to my Credit Card.

This authorization will remain in force until terminated by your written notice sent to my/our address last known to you upon receipt of my written revocation through the Ang Mo Kio Town Council.

Cardholder's Signature

Date

Important Notes on Monthly Payment by Credit Card

- Your application for recurring Credit Card payment will take about one month to process. In the meantime, please continue to pay your monthly charges via SAM/AXS, internet banking, cheque or in person at the Town Council office.
- The Credit Card deduction for the service and conservancy charges is on every **7th of the month** and if 7th falls on a Saturday, Sunday or Public Holiday, the deduction will be effect on the following business day.
- The bill amount will be charged to your Credit Card on the due date of the bill and your Credit Card statement will reflect the amount charged.
- The Town Council reserves the right to reject any incomplete application form.
- Please note that if the Credit Card deductions are unsuccessful for two consecutive months, the recurring Credit Card payment arrangement will be automatically terminated by the Town Council.

PART III: FOR OFFICIAL USE ONLY

Date of Receipt : _____ Commencement Date : _____

Name of Processing Officer : _____ Name of Approving Officer : _____

This application is hereby REJECTED for the following reasons:

Wrong TC Account Reference Number Wrong Credit Card Number

Amendments Not Countersigned by Customer Others _____

Please affix
stamp here

ANG MO KIO TOWN COUNCIL
BLK 342 ANG MO KIO AVE 1 #01-1561
SINGAPORE 560342