## DIRECT DEBIT AUTHORISATION FOR PAYMENT OF CITIBANK VISA/MASTERCARD ACCOUNT(S)

Please complete this form in BLOCK LETTERS and return it to Citibank Singapore Limited., Robinson Road P. O. Box 1308, Singapore 902608 (Attn: Payment Services) to enable the monthly billings of your Citibank Visa/MasterCard account(s) to be deducted from your account with one of the participating banks or finance companies. This Direct Debit Authorisation is applicable only to BASIC credit cardmembers. You should receive an acknowledgment of receipt of this form within 1 week of submission.

Until you receive confirmation that this authorisation has taken effect, please continue to pay the amounts due by

cheque or cash.
Please call our CitiPhone Banking at +65 6225 5225 between 8am to 8pm if you have any queries.
Citibank will debit the payment 3 business days before your statement due date. Kindly ensure that there are sufficient

## To: Citibank Singapore Limited.

By signing below, I hereby request and authorise you to claim from my account with the bank/finance company as nominated herein the following amount (please tick one) as stated in the monthly statement of my/our Citibank credit card account(s):

Minimum payment amount.

Full payment of the current balance.

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

I understand that any payment to be made under this Direct Debit facility may be varied in accordance with the Direct Debit Payment of Citibank Visa/MasterCard Card Account(s) Terms and Conditions governing this facility which can be viewed at http://www.citi.asia/ccgiro. I have read and understood, and agree to be bound by the said terms and conditions.

Date:		Citibank Singapore Limited.  Name of Customer:				
Branch:		Citibank Credit Card acc				
Name of Billing Organizations: a) By signing below, I/we hereby au from time to time and to credit sor may in consequence become obeyond any specified overdraft claimed by Citibank Singapore Lb) This authorisation shall remain in You may in your absolute discret My/Our Name as in Bank/Finance Co	uch sums to the above overdrawn or otherwise imit from time to time), imited., from time to ti force until I/we have e ion terminate this arrar	account(s) of Citibank Singa (but without prejudice to yo . You shall be under no obli- me are correct or payable o expressly revoked it by notice	apore Limited ur right to regations what or whether are in writing ritten notice	d., whether n fuse to allow soever to as ny notice or s delivered to at my/our ac	ny/our accoun any overdraft certain wheth statement of a you.	t(s) is in credit or debit or increase in overdraft er or not such sums as account.
My/Our Bank/Finance Company acc	ount no.:	(A. : P. I/.				
My/Our Contact Tel. no.:		(As in Bank's account rec * For joint accounts, all For Thumbprints, plea	account hold			
For Official Use						
BIC Citibank's CITISGSLXXX		unt No. to be credited		Card State	Card Statement Date	
BIC		Bank Account No. to be de	ebited			se use the last 12 digits reference number
For Receiving Bank s use To: The Manager, Citibank Singapore Robinson Road P.O. Box 1308, Si						
This Direct Debit Authorisation in res Signature differs from Bank's reco	pect of the account(s) a ords	bove is hereby REJECTED f		ing reason(s)	:	
☐ Wrong account number		☐ Amendments not countersigned by customer				
☐ Account operated by signature/thumbprint		☐ Others:				
Name of Bank Officer:		Authorised Signature:			Date:	

