



Direct Debit Authorisation Form

FOR DONOR'S COMPLETION

Name of Billing Organisation ("BO")

LBKM

Name, Branch & Address of *My/Our Bank

*My/Our *Bank/Finance Company Account Name:

Bank				Branch			Account No.									

Amount to be deducted (exclude cents):

\$50 \$20 Others: _____

A deduction of the amount stated above will be made monthly on the 15th of each month.

Full Name (as in NRIC)

Address

NRIC No.

Contact No.

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for doing so. 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 terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

_____ Date

_____ My/Our Company Stamps/ Signature(s)/Thumbprints(s)
 (As in Bank/Finance Company's account)

#You are entitled to a tax-deduction of 2.5 times of your donation amount and it will be automatically included in your tax assessment. The tax deductible receipts will be issued at the end of the year.

FOR LBKM'S OFFICIAL USE

DONOR REFERENCE NUMBER _____

CIMB Bank Berhad

Bank				Branch			Account No.									
7	9	8	6	0	0	1	2	0	0	0	4	5	3	9	3	7

FOR BANK'S COMPLETION

This application is hereby REJECTED for the following reason(s):

- () *Signature/ Thumbprint differ from Bank/ Finance records
- () *Signature/ Thumbprint *incomplete/unclear
- () Account operated by *signature/thumbprint
- () Wrong account number
- () Amendments not countersigned by customer
- () Others: _____

**Delete where applicable*

_____ Name of Approving Officer

_____ Authorised Signature / Date