

AMENDMENT OF STANDING ORDER / DIRECT DEBIT AUTHORISATION (S\$)

This application must reach the Bank **3 business days** before the commencing date.

Date _____

Account Name _____

Current A/C No.

AMENDMENT INSTRUCTIONS

I/We hereby authorise the Bank to amend my/our instruction (Please tick either one).

Standing Order

With effect from
M M Y Y Y Y

Beneficiary's Name (in full) _____

Standing Order No.

Beneficiary's Bank Name _____

Account No.

Please tick the fields to amend:

New Payment Amount/Limit - (cents)

New Payment Date New Last Payment Date
M M Y Y Y Y

New Payment Frequency: **Monthly** **Yearly** **Quarterly** **Semi Annually**
 1 - Jan / Apr / Jul / Oct 1 - Jan / Jul 4 - Apr / Oct
 2 - Feb / May / Aug / Nov 2 - Feb / Aug 5 - May / Nov
 3 - Mar / Jun / Sep / Dec 3 - Mar / Sep 6 - Jun / Dec

New Last Payment Amount - (cents)

Direct Debit Authorisation

With effect from
D D M M Y Y

Billing Organization _____

Bill Ref No./MI

New Limit - (cents)

New Expiry Date
D D M M Y Y

AGREEMENT

I/We understand and accept the following terms and conditions:

- Any amendment shall reach the Bank at least three working days before the next successive payment is due. The Bank will levy a charge or such other amount as the Bank may from time to time levy for each amendment.
- I/We will not hold the Bank liable for any consequences arising out of any errors, negligence, delays or omissions in connection with the above request.

 Authorised Signature(s) of Account Holder(s)
 Company stamp (if applicable) is required

FOR BANK'S USE ONLY

Processed by:	Standing Order No:
Authorised by:	CIF No: