TERMINATION OF STANDING ORDER / DIRECT DEBIT AUTHORISATION / GIRO INSTRUCTION (S$)

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

Date _____

Account Name _____   Current A/C No. ☐ ☐ ☐ ☐ ☐

TERMINATION INSTRUCTIONS

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

☐ **Standing Order / GIRO Instruction**   With effect from ☐ ☐ ☐ ☐ ☐ ☐
                                                              D D M M Y Y

Standing Order No. / GI Batch No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Batch Total Amount ☐ ☐ ☐ ☐ ☐ ☐ - ☐ ☐ (cents)

Beneficiary's Name (in full) _____

Beneficiary's Bank Name _____

Account No. ☐

Payment Date ☐ ☐ ☐ ☐ ☐ ☐   Amount to Bene ☐ ☐ ☐ ☐ ☐ ☐ - ☐ ☐ (cents)
              M M Y Y Y Y

☐ **Direct Debit Authorisation**   With effect from ☐ ☐ ☐ ☐ ☐ ☐
                                                       D D M M Y Y

Billing Organization _____

DDA Bill Ref/ MI ☐

AGREEMENT

I/We understand and accept the following terms and conditions:
1. Any termination 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 termination.
2. 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:

(10/19)