

## DIRECT CREDIT AUTHORIZATION

### Instructions

- This form is to be completed by the Firm/Organization/Individual that wishes to have payments credited directly to the designated bank account.
- Please complete Part I of the form and **OBTAIN YOUR BANKER'S CERTIFICATION** at Part II below. **PLEASE DO NOT DETACH PART II BELOW.**
- The original form must be returned to the Insolvency & Public Trustee's Office. **PLEASE DO NOT FAX.**

Ref (for Official Use)							

### PART I : FOR APPLICANT'S COMPLETION

Name of Bank A/C Holder (s):	Address :
Company Registration No (for companies):	
NRIC No (for individuals):	Email Address : (for enquiry and receiving notification)
Others (for Society, Foreign Person):	Contact(Tel) Number(s):

Particulars of bank account:

Bank	Branch No.	Account No. to be credited

I/We hereby authorize OAPT to credit payments due to me/us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/us.

This authorization shall continue to be in force until I/we have expressly revoked it by notice in writing to you. It is being understood that you may in your absolute discretion determine this arrangement by giving written notice to my/our address last known to you.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorised Signature(s) as in bank's records

### PART II: FOR FINANCIAL INSTITUTION'S COMPLETION

**To: OAPT**

We hereby certify that the signature(s) and other particulars stated at Part I above is/are correct and consistent with our records.

\_\_\_\_\_  
Name of Bank & Official Stamp

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature & Date