DirectDebit
AUTHORIZATION FORM

CIMB

IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ☒ ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * ☐ New Application ☐ Maintenance ☐ Termination

Account Holder's Name (Primary) *

ID Number *(without '-' or '/')* * ☐ New IC ☐ Passport ☐ Old IC ☐ Business Reg.

Saving, Current or Card Account No *(without '-' or '/')* *

Telephone Number

Bank Abbreviation * *(*Refer to Guideline for abbreviation list*)

E-Mail

Purpose of Payment * BAYARAN BALIK PINJAMAN YP

Maximum amount to debit per transaction (RM)* - (Subject to maximum limit specified by the DD Operator)

Maximum frequency *

Mode of frequency * ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly

Effective Date * (**DDMMYY**)

Expiry Date (**DDMMYY**)

Declaration:

a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.
b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).
c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
e. I/We hereby agree to be bound by the Terms and Conditions.
f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

Signature / Company Stamp* _____

Account Holder's Signatures as per Bank's record
(***For Joint Account*** *- Signature as per Bank's signing condition*)

Date* (**DDMMYY**)

FOR CORPORATION'S COMPLETION

Biller ID * DD0000218 2

Date* (**DDMMYY**)

Payment Reference No. *(e.g. Policy No., etc.)* (**Must be unique**) *

NOTE : THIS SECTION/PORTION IS CUSTOMIZEABLE BY CORPORATION

Company Stamp/ Logo (Optional)

Prepared By (Name) : _____

Signature : _____

CARA PERMOHONAN DIRECT DEBIT UNTUK PEMBAYARAN BALIK PINJAMAN YAYASAN PAHANG

- SILA DOWNLOAD **BORANG PERMOHONAN DIRECT DEBIT** DI LAMAN WEB YAYASAN PAHANG ATAU DAPATKAN DI KAUNTER YAYASAN PAHANG
- **BORANG HENDAKLAH DIISI DENGAN HURUF BESAR DAN PEN BERDAKWAT HITAM**
- **RUANGAN BERTANDA (*) WAJIB DIISI**
- **CARA ISI BORANG PERMOHONAN DIRECT DEBIT:**

Type of Application	:	Tanda **'X'** di kotak **New Application**
Account Holder's Name	:	Isikan **nama penuh** mengikut kad pengenalan baru
ID Number (without '-')	:	Tanda **'X'** di kotak **New IC** dan isikan no kad pengenalan baru tanpa (-)
Saving, Current or Card Account No (without '-')	:	Isikan **no akaun bank pembayar tanpa** (-)
Telephone Number	:	Isikan no telefon terkini
Bank Abbreviation	:	Rujuk **BANK ABBREVIATION LIST** di bawah (*contoh : CIMB)*
Purpose of Payment	:	**BAYARAN BALIK PINJAMAN YP**
Maximum amount to debit Per transaction (RM)*	:	Isikan jumlah yang hendak dipotong setiap bulan

Sekiranya ingin membuat pembayaran 1 kali dalam 1 bulan, sila isi seperti berikut :

Maximum frequency	:	Isikan '**1**'
Mode frequency	:	Tandakan '**Monthly**'
Effective Date (**DDMMYY**)	:	Tarikh potongan hendak dibuat (Hari/Bulan/Tahun)
Expiry Date (**DDMMYY**)	:	Tarikh potongan ditamatkan (Hari/Bulan/Tahun)
Signature/Company Stamp	**:**	Tandatangan pemegang akaun

- SILA ISIKAN BORANG DENGAN KEMAS, BERSIH DAN MENGIKUT SPESIFIKASI YANG DITETAPKAN.
- KEMBALIKAN BORANG ASAL YANG TELAH LENGKAP DIISI KE YAYASAN PAHANG UNTUK TINDAKAN KEPADA PIHAK BANK

BANK ABBREVIATION LIST

NO	BANK ABBREVIATION	BANK NAME
1	CIMB	CIMB Bank Berhad
2	CITI	Citibank Berhad
3	BIMB	Bank Islam Malaysia Berhad
4	BKRM	Bank Kerjasama Rakyat Malaysia B2C
5	BOFA	Bank of America (M) Berhad
6	DBB	Deutsche Bank (Malaysia) Berhad
7	HLBB	Hong Leong Bank Berhad
8	HSBC	HSBC Bank Berhad FPX
9	JPMC	J.P Morgan Chase Bank
10	MBB	Malayan Banking Berhad
11	OCBC	OCBC Bank Malaysia Berhad
12	PBB	Public Bank Berhad
13	RHB	RHB Bank Berhad
14	SCB	Standard Chartered Bank Malaysia Berhad
15	BNPP	BNP Paribas
16	ICBC	Industrial and Commercial Bank of China
17	UOB	United Overseas Bank
18	ABMB	Alliance Bank Malaysian Berhad
19	ABB	Affin Bank Berhad
20	SMBC	Sumitomo Mitsui Banking Corporation
21	BTMU	Bank of Tokyo (MUFG)
22	ARM	Al-Rajhi Bank
23	AMBB	AmBank Malaysia Berhad
24	MCBM	Mizuho Corporate Bank Malaysia Berhad
25	BMMB	Bank Muamalat Malaysia Berhad
26	AGRO	Bank Pertanian (Agrobank)
27	BOCM	Bank of China Malaysia

Dikemaskini oleh : Unit Bayaran Balik

Tarikh : 2/6/2022

CONTOH BORANG PERMOHONAN DIRECT DEBIT UNTUK PEMBAYARAN BALIK PINJAMAN YAYASAN PAHANG

DirectDebit
AUTHORIZATION FORM

CIMB

IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ☒ ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * ☒ New Application ☐ Maintenance ☐ Termination

Account Holder's Name (Primary) * AZDAN BIN AZNAN

ID Number (without '-' or '/') * ☒ New IC ☐ Passport ☐ Old IC ☐ Business Reg. 010101060111

Saving, Current or Card Account No (without '-' or '/') * 7070707077

Telephone Number 0111663180 0

Bank Abbreviation * (Refer to Guideline for abbreviation list) CIMB

E-Mail a2d019@mail.com

Purpose of Payment * BAYARAN BALIK PINJAMAN YP

Maximum amount to debit per transaction (RM)* 150-00 (Subject to maximum limit specified by the DD Operator)

Maximum frequency * 1

Mode of frequency * ☐ Daily ☐ Weekly ☒ Monthly ☐ Yearly

Effective Date * **(DDMMYY)** 300622

Expiry Date **(DDMMYY)** 300525

Declaration:

a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.
b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).
c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
e. I/We hereby agree to be bound by the Terms and Conditions.
f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

Signature / Company Stamp* _____
Account Holder's Signatures as per Bank's record
(*For Joint Account - Signature as per Bank's signing condition*)

Date* **(DDMMYY)** 180522

FOR CORPORATION'S COMPLETION

Biller ID * DD0000218 2

Date* **(DDMMYY)**

Payment Reference No. *(e.g. Policy No., etc.)* **(Must be unique)** *

NOTE : THIS SECTION/PORTION IS CUSTOMIZEABLE BY CORPORATION

Company Stamp/ Logo (Optional)

Prepared By (Name) : _____

Signature : _____