DIRECT DEBIT AUTHORISATION FOR PAYMENT OF CITIBANK VISA/MASTERCARD ACCOUNT(S)

- Please complete this form in BLOCK LETTERS and return it to **CITIBANK SINGAPORE LIMITED**, **Privy Box No. 920861**, **Singapore 929292** to enable the monthly billings of your Citibank Visa/MasterCard account(s) to be deducted from your account with one of the participating banks or finance companies. This Direct Debit Authorisation is applicable only to BASIC credit cardmembers.
- You should receive an acknowledgment of receipt of this form within 1 week of submission.
- . Until you receive confirmation that this authorisation has taken effect, please continue to pay the amounts due by
- cheque or cash. Please call our CitiPhone Banking at +65 6225 5225 between 8am to 8pm if you have any queries. Citibank will debit the payment 3 business days before your statement due date. Kindly ensure that there are sufficient funds in your bank account.

To: Citibank Singapore Limited.

By signing below, I hereby request and authorise you to claim from my account with the bank/finance company as nominated herein the following amount (please tick one) as stated in the monthly statement of my/our Citibank credit card account(s):

- Minimum payment amount.
- Full payment of the current balance.

(If left unticked, the full payment option will be automatically chosen.)

I understand that any payment to be made under this Direct Debit facility may be varied in accordance with the Direct Debit Payment of Citibank Visa/MasterCard Card Account(s) Terms and Conditions governing this facility which can be viewed at http://www.citi.asia/ccgiro. I have read and understood, and agree to be bound by the said terms and conditions.

Citibank Singapore Limited.

Name of Customer:

| | Citibank Credit Card account number 1: | |
|-----------------------------------|--|---|
| To: Name of Bank/Finance Company: | | |
| | Citibank Credit Card account number 2: | |
| Branch: | | |
| | Citibank Credit Card account number 3: | |
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Name of Billing Organizations:

Date:

By signing below, I/we hereby authorise you to debit my/our account(s) with such sums as may be notified to you by Citibank Singapore Limited., a) from time to time and to credit such sums to the above account(s) of Citibank Singapore Limited., whether my/our account(s) is in credit or debit or may in consequence become overdrawn or otherwise (but without prejudice to your right to refuse to allow any overdraft or increase in overdraft beyond any specified overdraft limit from time to time). You shall be under no obligations whatsoever to ascertain whether or not such sums as claimed by Citibank Singapore Limited., from time to time are correct or payable or whether any notice or statement of account.

- This authorisation shall remain in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by giving me/us written notice at my/our address last known to you. b)
- c)

My/Our Name as in Bank/Finance Company account:

My/Our Company Stamp/Signature (s)*:

* For joint accounts, all account holders' signatures are required. For Thumbprints, please go to the branch with your identification.

My/Our Bank/Finance Company account no.:

My/Our Contact Tel. no.:

(As in Bank's account records)

For Official Use BIC Citibank's Account No. to be credited Card Statement Date CITISGSLXXX 3017653007 BIC Bank Account No. to be debited IMPT* Please use the last 12 digits as the reference number For Receiving Banks use To: The Manager, Citibank Singapore Limited

Robinson Road P.O. Box 1308, Singapore 902608

| This Direct Debit Authorisation in respect of the account(s) above is hereby REJECTED for the following reasc | n(s): |
|---|-------|
| | |

Signature differs from Bank's records □ Signature incomplete/unclear

Wrong account number Amendments not countersigned by customer

_ Authorised Signature: _

| Account operated by signature/thumbprint |
|--|
|--|

Date:

Version April 2025

□ Others: _