

Date: _____

The Manager
**PUBLIC BANK BERHAD/
PUBLIC ISLAMIC BANK BERHAD**

REVENUE
STAMP

DIRECT DEBIT AUTHORISATION FORM

Dear Sir,

I/We _____

(I.C./Passport/Business/Company Reg. No. _____) hereby request and authorise

Public Bank Berhad/Public Islamic Bank Berhad (hereinafter referred to as "the Bank") to debit my/our account no.

□□-□□□□□□□□-□□□□ maintained with the Bank to pay the Payee Corporation _____

(hereinafter referred to as "the PC")

in accordance with the instructions as the Bank may receive from the PC from time to time provided that the amount of each transfer shall not exceed the authorised limit indicated below.

Billing Account Number	Registered Subscriber's Name	Authorised Limit (RM)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I/We AGREE that the Bank accepts this request and authorisation for payment upon the following conditions:

1. I/We shall deposit a copy of the resolution/agreement duly signed by the authorised signatories of the company, partnership, society or association, authorising execution of this Direct Debit Authorisation Form prior to the execution of this form.
2. I/We consent to the disclosure of the information contained herein to the PC by the Bank and for the Bank to obtain details of my/our bill(s) from the PC for the purpose of effecting my/our authorisation for payment.
3. This authorisation and the consent given to the Bank in this form shall continue notwithstanding where my/our account to be debited is an account opened by me/us on behalf of a minor. I/We agree that notwithstanding the minor attaining the age of 18 years, until such time a fresh instruction in relation to the Direct Debit Service (DDS) is received by the Bank, the existing instruction shall continue to subsist.
4. My/Our first payment to the PC shall commence only upon receipt of the first debit instruction from the PC subject to the application being accepted and approved by the Bank and the PC. I/We shall settle all outstanding moneys under this Billing Account directly with the PC until the Direct Debit Authorisation (DDA) is effected.
5. If the Registered Subscriber(s) is/are other than the Bank's account holder(s), the account holders has/have to be present before an authorised officer of the Bank for his/their signature(s) to be verified. Should the registered subscriber be someone other than myself/ourselves, the Bank shall not be required to enquire whether the registered subscriber's name in the PC's record is the same as that stated by me/us on this form.
6. I/We undertake to ensure that sufficient funds are kept in my/our account to meet the above authorisation. The Bank may in its absolute discretion elect not to make any payment to one/all the debit instructions and/or to determine the order of priority of payment of any debit instruction as the Bank deems fit, in which event I/we shall be responsible to pay the PC directly. The Bank is under no obligation to notify me/us of the debit instructions rejected due to whatsoever reasons. I/We request and authorise the Bank to re-attempt to debit the amount due from my/our account on any other date(s) subject to further instruction(s) from the PC.
7. If my/our account is overdrawn, I/we shall on demand by the Bank make good any amount overdrawn plus any interest/fees payable thereon.
8. I/We undertake to notify the Bank in writing immediately of the termination of the DDA, changes in my/our account number and/or the Billing Account Number and in the event that my/our firm be converted to a partnership, a company or there be a change in any other form. I/We agree that until such notice and/or fresh instruction is received and duly acknowledged by the Bank, the existing instruction shall continue to subsist and I/we would not hold the Bank liable.
9. I/We undertake to check all transaction entries and account balances in my/our account passbook or statement of account on a regular basis, and undertake to report to the Bank as soon as reasonably practicable in the event any unauthorised transaction, error or discrepancy is detected. I/We confirm that if the Bank does not receive any notification in writing from me/us of any errors or discrepancies as regards to the debit or credit entries in my/our account, then I/we shall be deemed to have accepted such entries made up to the date of the last entry in the statement or passbook as correct, final and conclusive.
10. I/We hereby undertake to indemnify and hold the Bank harmless and indemnified against all actions, proceedings, claims, damages, costs, expenses, demands and losses which the Bank may incur or sustain by reason of the Bank carrying out the above request and authorisation by me/us and/or arising from wrongful debit of account due to inaccurate information provided by me/us or the PC and other factors beyond the reasonable control of the Bank. Under such circumstances, I/we shall seek recourse or resolve the payment directly with the PC.

DIRECT DEBIT AUTHORISATION FORM

11. The Bank reserves the right at its absolute discretion at any time:
- 11.1 To levy a service charge for each successful direct debit transaction by debiting my/our account;
 - 11.2 Without prior notice to terminate, discontinue, interrupt, withdraw or suspend this DDS in whole or in part as the Bank deems fit and without assigning any reason whatsoever including upon receipt notice of my/our death, bankruptcy, winding-up or dissolution and the Bank shall not be held liable for any loss or damage which may be suffered by me/us or any other third party registered under the DDS as a result of such action by the Bank; and
 - 11.3 To vary charges, add, delete or amend any of the above conditions by giving me/us twenty one (21) calendar days prior notice by displaying the said amendments and/or the new service charge at the Bank's premises and Bank's website. The continued use of the DDS by me/us shall constitute acceptance of the said amendments.
 - 11.4 To debit my/our account for any applicable service charge, maintenance fee or any other reasonable fees and charges imposed by the Bank from time to time or such applicable taxes whether currently in force or to be implemented and chargeable by law, including but not limited to the Goods and Services Tax (GST), pursuant to the DDS herein.
12. Together with the above conditions of this DDA, I/we shall be bound by the Bank's subsisting terms and conditions governing the operations of my/our account which shall be construed in accordance with the Laws of Malaysia.

Signature(s) of Account Holder(s) as per Bank's records
(All authorised signatories/all joint account holders are to sign)

FOR BANK'S USE ONLY

Approving Branch Name and Rubber Stamp:				Maintained by: (Branch Name and Rubber Stamp)	
Approved	Rejected	Verified by (Authorised Officer)	Approved by (BM/BSM/ABM)	Maintained by (Authorised Officer)	Checked by (Independent Officer)
<input type="checkbox"/> Signature Verified <input type="checkbox"/> All relevant enclosures verified	<input type="checkbox"/> Signature(s) differs from Bank's record <input type="checkbox"/> Wrong Account Number <input type="checkbox"/> Amendments not countersigned by customer(s) <input type="checkbox"/> Others (please specify) _____	_____ Signature and Name Chop	_____ Signature and Name Chop	_____ Signature and Name Chop	_____ Signature and Name Chop