

GUIDELINE ON COMPLETING THE DIRECT DEBIT AUTHORIZATION FORM FOR PAYMENT OF SHELL CARD INVOICES



**DirectDebit
AUTHORIZATION FORM**



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

FOR ACCOUNT HOLDER'S COMPLETION

1 Type of Application * New Application Maintenance Termination

2 Account Holder's Name (Primary) * [Grid for name]

3 ID Number (without '-' or '/') * New IC Passport Old IC Business Reg. [Grid for ID] **4**

5 Saving, Current or Card Account No (without '-' or '/') * [Grid for account number]

6 Telephone Number [Grid for phone number] Bank Abbreviation * (Refer to Guideline for abbreviation list) [Grid for bank code] **7**

8 E-Mail [Grid for email address]

9 Purpose of Payment * S H E L L C A R D I N V O I C E S P A Y M E N T

10 Maximum amount to debit per transaction (RM)* [Grid for amount] - [Grid for amount] (Subject to maximum limit specified by the DD Operator)

11 Maximum frequency * [Grid for frequency] **12** Mode of frequency * Daily Weekly Monthly Yearly

13 Effective Date * (DDMMYY) [Grid for date] **14** Expiry Date (DDMMYY) [Grid for date]

15 Signature / Company Stamp* _____ Date (DDMMYY) [Grid for date] **16**
Account Holder's Signatures as per Bank's record (For Joint Account - Signature as per Bank's signing condition)

FOR CORPORATION'S COMPLETION

Billers ID * [Grid for biller ID] Date (DDMMYY) [Grid for date]

Payment Reference No. (e.g. Policy No., etc.) (Must be unique)* [Grid for reference number]

NOTE : THIS SECTION/PORTION IS CUSTOMIZEABLE BY CORPORATION

Prepared By (Name) : _____

Signature : _____

Company Stamp/ Logo (Optional)

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IMPORTANT NOTES

- Please read the following instructions carefully before filling up the form. Submissions that do not meet the following guidelines will be rejected.
- i. Please use **BLACK INK** to fill up the form
 - ii. Please use **CAPITAL LETTERS** when filling up the form
 - iii. There are 24 banks for you to choose from to activate your direct debit. Please refer to the bank list provided and select one of the banks
 - iv. Strictly **NO** adjustments or changes can be made to the positioning of any of the fields or boxes within the Direct Debit Authorization (DDA) Form.
 - v. Please do not scribble, cross, erase or do anything to the form if you have mistakenly written something on the form. If a mistake is made, you are required to fill up a new form again.
 - vi. Submission of the DDA form **MUST** be an original copy (ie. Strictly **NO** photocopied signatories allowed). Photocopied submissions will be rejected.

Legend and Guideline on How to Complete the Direct Debit Authorization Form

No	Description	No	Description
1	Pre-filled: New Application	9	Pre-filled: Shell Card Invoices Payment
2	Fill in your company name (as per the Companies of Commission of Malaysia (SSM) registration)	10	Pre-filled: The pre-filled numbers indicate no limit as the transaction amount will be as per invoice
3	Pre-filled: Business Registration	11	Pre-filled: Frequency to be 4 per month – refer to section 12
4	Fill in your business registration number	12	Pre-filled: Frequency monthly
5	Fill in your bank account number (Savings or Current Account)	13	Please fill in present date
6	Fill in your contact number	14	Pre-filled: The pre-filled numbers indicate no expiry
7	Please refer to list for bank abbreviations	15	Signature must be as per mandate submitted to bank. If the bank account has two separate identified signatories, both signatories are required to sign on the authorization form. Please also affix company stamp.
8	Fill in your email address	16	Please fill in present date