UOB

UOB CALL CENTRE SERVICE

PRE-AUTHORISATION FOR PAYMENT TO THIRD PARTIES

PART 1 : APPLICANT'S PERSONAL PARTICULARS

Full Name as In NRIC/Passport* (Mr/Mrs/Ms/Mdm/Dr)*	*NRIC/Passport*	Access Code

PART 2 : REMITTANCES

NOTE: MAXIMUM AMOUNT FOR PAYMENT IS LIMITED TO S$50,000/- PER DAY PER ACCESS CODE LINKED TO THIS SERVICE UNLESS OTHERWISE AGREED BY THE BANK.

Please Indicate the linked account to be debited for this transaction. Note: Joint accounts with joint signing authority are not eligible for Call Centre Service

Account number

Account number

Account number

BY CASHIER'S ORDER / DEMAND DRAFT
(Please Tick Where Applicable)

ADD	DELETE	NAME OF BENEFICIARY	BENEFICIARY'S ADDRESS
☐	☐		
ADD	DELETE	NAME OF BENEFICIARY	BENEFICIARY'S ADDRESS
☐	☐		

BY TELEGRAPHIC TRANSFER
(Please Tick Where Applicable)

ADD	DELETE	NAME OF BENEFICIARY	BENEFICIARY'S ADDRESS	BENEFICIARY'S A/C NO.
☐	☐			
		NAME OF BENEFICIARY'S BANK	BENEFICIARY'S BANK ADDRESS	
		PAYMENT DETAILS (MAX 70 Characters)		
ADD	DELETE	NAME OF BENEFICIARY	BENEFICIARY'S ADDRESS	BENEFICIARY'S A/C NO.
☐	☐			
		NAME OF BENEFICIARY'S BANK	BENEFICIARY'S BANK ADDRESS	
		PAYMENT DETAILS (MAX 70 Characters)		

PART 3 : CUSTOMER'S DECLARATION

I hereby authorise the bank to pay the third party beneficiaries as stated.
I hereby confirm that I have received , read and understood and agreed to be bound by the UOB Terms and Conditions Governing Accounts and Services. I agree that the use of phone banking service is subject to these terms and conditions and to such amendment or addition thereto as the Bank may, in its absolute discretion, from time to time, make.

SIGNATURE	DATE

FOR BANK USE

APPLICATION VERIFIED BY & DATE	SIGNATURE VERIFIED BY & DATE	APPLICATION APPROVED BY & DATE

**Please delete where inapplicable*

Company Reg No. 193500026Z

CCS-2 (R09.17)