

TERMINATION/ CHANGE OF CREDIT CARD PAYMENT INSTRUCTIONS

To: Tanjong Pagar Town Council
Block 166 Bukit Merah Central #03-3527
Singapore 150166

Fax: 6375 3198

Attn: Miss Rosie Chia, Senior Finance & Admin Assistant



I hereby authorize Tanjong Pagar Town Council to terminate/change *my credit card (details below) for the service and conservancy payment.

Name of Resident : (Mr/Mrs/Mdm/Miss) _____

Contact Number : (H) _____ (O) _____ (H/P) _____

Town Council Ref Number : - - -

Please tick one of the following instructions:

I wish to terminate my credit card payment instruction with effect on _____ (DD/MM/YYYY).

Type of Card : Mastercard Visa Name of Bank: _____

Card No. : - - -

Cardholder's Signature : _____

Date : _____

I wish to change my credit card details as follows:

Type of Card : Mastercard Visa Name of Bank: _____

Cardholder's Name : _____

Card No. : - - -

Card Expiry Date (DD/MM/YYYY): - -

Cardholder's Signature : _____

Date : _____

* Please delete where applicable

