

Termination of Direct Debit Authorisation (Via Interbank GIRO)

Date of Application:

To: Sumitomo Mitsui Banking Corporation Singapore Branch

1. Request

Please terminate the following Direct Debit Authorization of our A/C no. _____

with effect from _____ .

Name of Billing Organisation	
Payee Account Number	
Billing Reference Number	

Terms and Conditions

In consideration of your so doing, we hereby irrevocably and unconditionally agree and undertake, as a continuing obligation, to fully indemnify you, your successors in title and assigns and at all times to keep you fully and completely indemnified from and against all liabilities, damages, claims, demands, actions and proceedings, losses and expenses on a full indemnity basis and any applicable taxes and all other liabilities of whatsoever nature or description which may be incurred or suffered by you in relation to or arising out of your acting in accordance with our request herein. We shall pay and reimburse all such sums to you on your respective first demands.

We also, irrevocably and unconditionally agree not to hold you liable or responsible for any consequences arising out of or in relation to your acting on our request as aforesaid including, without limitation, if the direct debit cannot be stopped for any reason or payment is inadvertently made.

We understand and agree that if a payment has already been made, you may not be able to effect a cancellation or recall of the funds. We agree that you are not obliged to act on a request to recall or cancel the funds and any attempt to act on such request shall be on a best effort basis and with no liability to you if such cancellation or recall cannot be undertaken or is not successful.

This indemnity is in addition to and is not to prejudice or be prejudiced by any other indemnity which has been or may now or hereafter be executed by me/us.



This indemnity shall be governed by and construed in accordance with the laws of Singapore

Signature Verified

(For Bank Use Only)

Authorised Signature(s) & Company Stamp *(If applicable)*

cc. Name of Billing Organisation _____

Section for Our Bank Use

Updated on:

Approver	Checker	Maker