



## TERMINATION OF RECURRING CREDIT CARD SCHEME (RCCS)

To : Name of Billing Organisation : SEMBAWANG TOWN COUNCIL

Name of Bank / Financial Institution : \_\_\_\_\_

Name of Customer : \_\_\_\_\_

Town Council Reference Number : \_\_\_\_\_

I wish to terminate my RCCS authorisation in respect of the above-mentioned

Town Council Reference Number with effect from \_\_\_\_\_.

\_\_\_\_\_  
Name of Card Holder

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Offices

Canberra : Block 504C Canberra Link #01-63 Singapore 753504 Tel: 6368 3100 Fax: 6368 2271  
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### Finance Section

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