



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:

Main Office : Block 504C Canberra Link #01-63 Singapore 753504
Collection Centre : Block 676 Woodlands Drive 71 #06-04, Kampung Admiralty Singapore 730676
Website : www.sbtc.org.sg E-mail: feedback@sbtc.org.sg

Tel: 6368 3100 Fax: 6368 2271
Finance Section
Tel: 6368 7094 / 6368 7116