



**PAYMENT AUTHORISATION FORM –
F&A Related Matters via Contact Us Form**

Name of Producer: _____ Producer Code: _____

Please provide details:

By Credit Card

Please charge the amount of S\$_____ to the following **MasterCard/Visa** card.

Card Type Mastercard / Visa (Please delete accordingly)

Card No.

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Expiry Date

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 (MMYY)

Name of Producer: _____ *(as it appears on card)*

Signature of Producer: _____

Please complete this Payment Authorisation Form and attach to the Contact Us form

Note:

1. Do not send multiple Payment Instruction as this will result in duplicate charge
2. This form is only used for administrative fees for the reprint and retrieval of Accounts documents via Contact Us.