

DIRECT CREDIT AUTHORISATION FORM

(Only Originals are Accepted)

No correction tape/fluid should be used on this form. Any cancellations made must be endorsed by the same authorised signatories signing this form AND bank.

Please complete Part I, obtain your bank's endorsement for Part II and mail the original hardcopy completed form to **AGD AP Branch, Accountant-General's Department, 100 High Street, #06-01, The Treasury, Singapore 179434**. This form will only be valid for 3 months from the date signed off by the bank in Part II.

Please note:

- (i) Vendor record should be created or updated in Vendors@Gov before mailing this form to AGD.
- (ii) If you are invoicing as an individual, fill in your name as stated in your NRIC/FIN.
- (iii) If you are invoicing as a Singapore registered company/business/society, fill in your organisation's name as registered with ACRA/UEN. You may check your registered name on www.uen.gov.sg.

PART I – TO BE COMPLETED BY SUPPLIER WHO SUPPLIES GOODS AND SERVICES TO THE GOVERNMENT/STATUTORY BOARDS

All fields are mandatory. Incomplete forms will not be processed.

To: ACCOUNTANT-GENERAL

UEN No. (for all UEN registered entities)		Address	
OR NRIC / FIN (for individuals)			
OR Others (e.g. Foreign Passport No)			
GST Registered	Yes / No	Telephone Number	
GST Registration No.		Fax Number	
		Email Address*	

*It is mandatory to provide the email address. Payment notification will be sent to this email address.

Name(s) of Bank Account Holder(s):

Bank No.	Branch No.	Bank Account No. to be Credited

Bank and Branch Name

- (a) I/We hereby authorise the Government and Statutory Boards to credit payments due to me/us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/us.
- (b) This authorisation shall continue to be in force until I/we have notified you in writing.
- (c) I/We hereby request and authorise the Government and Statutory Boards to obtain confirmation/verification of information relating to me/us and/or to my/our account(s) from/with the bank where the Account is maintained as stated in the form.
- (d) In consideration of the Government and Statutory Boards acceding to my/our said request and in consideration of the Bank confirming/verifying such information pursuant to the said request, I/we irrevocably consent to and authorise the Bank, including any officer thereof, to disclose any information whatsoever relating to me/us and to the Account as is necessary for the sole purpose of account validation and agree that such authorisation shall survive any termination of the Account. I/We agree that this consent shall survive the termination of any of the Account with the Bank and may be relied on and enforced as fully and effectively by the Bank as if it is addressed to the Bank.

Authorised Signature(s) & Stamp* as in Bank's Record

Date

* if required by company's account mandate

PART II – TO BE COMPLETED BY BANK

To: ACCOUNTANT-GENERAL

We hereby certify that the signature(s) and other particulars as stated in Part I agree with that contained in our records.

Name & Signature of Authorised Bank Officer

Date & Bank's Official Stamp