

MAYBANK AUTO PAYBILLS ENROLMENT FORM

BORANG PENDAFTARAN MAYBANK AUTO PAYBILLS



Please use black ink pen and write in BLOCK LETTERS ONLY | *Sila guna dakwat hitam dan tulis dalam HURUF BESAR SAHAJA*

Name | *Nama*

Maybank Credit Card No. | *No. Kad Kredit Maybank (American Express, Mastercard or Visa)*

Expiry Date (mm/yy) | *Tarikh Luput (bb/tt)* - New NRIC No. | *No. KP Baru* - - Old NRIC / Passport No. | *No. KP Lama / Pasport*

Address | *Alamat*

Postcode | *Poskod*

Home Tel. | *Tel. Rumah* - Office Tel. | *Tel. Pejabat* - H/P | *Tel. Bimbit* -

Service Provider | *Pembekal Perkhidmatan*

Astro

1. Account No. | *No. Akaun* - 2. Account No. | *No. Akaun* -

Sarawak Electricity Supply Corporation*

1. Account No. | *No. Akaun*

Tenaga Nasional (TNB)

1. Account No. | *No. Akaun* - 2. Account No. | *No. Akaun* -

Indah Water Konsortium

Sewerage Account No. | *No. Akaun Pembentukan*

* Not applicable to American Express Card | *Tidak sah untuk Kad American Express*

Important Note:

- You need to cancel your Auto PayBills services with other banks first (if any) before enrolling for Auto PayBills services through Maybank Card to avoid double billing and late billing.
- Kindly allow 4 to 8 weeks for your Auto PayBills to be activated. Continue to pay your bills as usual until your Auto PayBills service is reflected in your Credit Card statement.

Nota Penting:

- And perlu membatalkan perkhidmatan Auto PayBills dengan bank lain (jika ada) dahulu sebelum mendaftar dengan perkhidmatan Auto PayBills melalui Kad Maybank untuk mengelakkan bil berganda dan bil lewat.
- Sila benarkan 4 hingga 8 minggu untuk Auto PayBills anda diaktifkan. Teruskan membuat pembayaran bil anda seperti biasa sehingga perkhidmatan Auto PayBills anda tersenarai di dalam penyata Kad Kredit anda.

Complete the form and send back to us by : | *Isikan borang dan kembalikan kepada kami dengan :*

Email | *Emel* : **mbbcardservices@maybank.com.my**

Fax | *Fax* : **03-2715 9440**

For enquiries | *Untuk pertanyaan :*

Mastercard / Visa : **1300 88 6688**

American Express : **1800 88 9559**

By signing here, I certify that I have read and understood the terms and conditions on this application and agree to be bound by them and agree that I shall only be responsible for my own liabilities and obligations.

Dengan menandatangani di sini, saya mengesahkan bahawa saya telah membaca dan memahami segala terma dan syarat bersertakan permohonan ini dan bersetuju untuk dikawal dan bersetuju yang saya hanya akan bertanggungjawab untuk liabiliti dan kewajipan saya sendiri.



Principal Cardmember's Signature
Tandatangan Ahli Kad Utama

Date | *Tarikh*

For Bank's Use | *Untuk Kegunaan Bank*

Name | *Nama* : FE / CSE / RB / DSE / TSE

PF No. | Date Received | *Tarikh Diterima*

Branch | Tel. No. |

Branch Code | LG (PF No.) |

Kod Cawangan *LG (No. PF)*