



One Stop Payment Portal

T-Melmax Sdn Bhd
A-3, Block A, Level 3
Sunway PJ 51A, Jalan SS9A/19,
Seri Setia, 47300 Petaling Jaya
Selangor Darul Ehsan

Cpay Direct Debit Authorisation Form

Please complete the form in **capital letters** and return to **T-Melmax Sdn Bhd** for verification by our panel Banks where your savings/current account is maintained.

Applicant's Bank Account Information

<input type="checkbox"/> New Registration <input type="checkbox"/> Amendment / Update <input type="checkbox"/> Cancellation (Select one option only)		
Name of Selected Bank:	<input type="checkbox"/> CIMB Bank <input type="checkbox"/> Maybank <input type="checkbox"/> RHB Bank	(Select one choice by indicating 'X' for each category)
Account Type:	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Corporate	(Select one choice by indicating 'X' for each category)
	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account	(Select one choice by indicating 'X' for each category)
Name of Account Holder*:	_____ Business Registration No*:	
For joint account type option:	Name of Account Holder*:	
	Business Registration No *:	
Account No*:	□□□□□□□□□□□□□□□□□□□□□□□□□□□□	
Account Holder's Address:	_____	
	Postcode: _____	
Account Holder's Contact Number : (Office)*	(Home)*	(Mobile)*
Email Address*:	_____	

Payment Instruction for Biller

I/We hereby apply for the direct debit service provided by the selected Bank and authorise the selected Bank to take instructions and make monthly payment to **T-Melmax Sdn Bhd** "as the Biller".

Company Name : _____ Employer's Cpay Code: _____

Company's Registered Address : _____

Important Notice from Biller:

- The fields marked with (*) are the mandatory fields. Incomplete forms will not be processed.
- In the event that the Bank fails to debit the savings/current account due to insufficient balance, **RM10.00** may be charged to applicant by the Bank.
- Applicant's signature provided in this application form must be the same with the signature of his/her respective bank account(s).
- Applicants are advised to read the attached Terms & Conditions before completing this form and the applicant agrees to be bound by all the Terms & Conditions herein by signing this form.
- In the event the Bank fails to debit the savings/current account, another attempt to debit the account will be transacted within 2 weeks of the failed transaction, after which the instruction will be terminated if still unsuccessful

Declaration by Authorised Signatories

Signature*: _____	Signature*: _____
Name*: _____	Name*: _____
Date*: _____	Date*: _____
<ol style="list-style-type: none">I/We will ensure that my/our account has sufficient funds to meet the above payment(s).I/We agree that payment instruction to the Pusat Zakat Negeri Sembilan shall remain active unless I choose to discontinue this service with a letter of cancellation.	
..... Company Stamp	

For Bank / T-Melmax Sdn Bhd Officer Use Only

<input type="checkbox"/> New Registration <input type="checkbox"/> Amendment / Update (Select one option only)	
Particulars of applicant checked and confirmed by:	
T-Melmax Sdn Bhd	Bank
Signature: _____	Signature: _____
Name: _____	Name: _____
Date: _____	Date: _____
Branch: _____	Organisation Code: _____
Received Date: _____	Process Date: _____
Remarks: _____	

Terms and Conditions for Direct Debit

1. In this terms and conditions:
 - a. the expression of "Biller" refers to "Biller's Name".
 - b. the expression of "Applicant" refers to the account holder who has applied for the Direct Debit Service.
 - c. the expression of "Bank" refers to the bank, selected by the Applicant where his/her/their bank account is maintained.
 - d. the expression of "Direct Debit Service (DDS)" refers to Direct-debit payments whereby applicant's account is debited once the payment instruction from the Investor is received.
 - e. the expression of "Billing Account" refers to the account of the Applicant maintained with the Biller.
 - f. the expression of "Account" refers to the account of the applicant maintained with the bank.
 - g. the expression of "Billing Account Number" refers to the Applicant's account number at the Biller.
2. The Applicant must duly complete and sign on the form before submitting to the Biller.
3. The Applicant's first payment to the Biller shall commence only upon receipt of the first payment instruction from the Biller subject to the application being accepted and approved by the Bank and the Biller.
4. I/We shall settle all outstanding moneys under this Billing Account as itemized in the Payment of Direct-Debit Authorization Form directly with the Biller until the DDS is affected.
5. Should the registered subscriber be someone other than myself/ourselves, the Bank shall not be required to enquire whether the registered subscriber's name in the Biller's record is the same as that stated by me/us on this form.
6. I/We undertake to ensure that sufficient funds are kept in my/our account to meet the above authorization and payment. The Bank is under no obligation to affect the DDS if there are insufficient funds in my/our account to meet the above authorization. If my/our account is overdrawn, I/we shall on demand by the Bank make good any amount overdrawn plus any interest payable thereon.
7. Where there is sufficient available funds in my/our account, but the same is insufficient to pay on all the debit instructions, the Bank may in its absolute discretion elect not to make any payments on all debit instructions, and/or to determine the order of priority of payment of any debit instruction the Bank deems fit, in which event I/we shall be responsible to pay the Biller directly. The Bank is under no obligation to notify me/us of the debit instructions rejected due to whatsoever reasons. I/We request and authorize the Bank to re-attempt to debit the amount due from my/our account on any other date(s) subject to further instruction(s) from the Biller.
8. The Bank shall not be held responsible or liable to me/us for any claims, loss, damages, cost and expenses (including consequential, incidental general, special and indirect loss or damage or claims made on me/us or by any third party) arising from the successful or unsuccessful debit instruction due to whatsoever reason and wrongful debit of account due to inaccurate information provided by me/us or the Biller and other factors beyond the reasonable control of the Bank. Under such circumstances, I/we shall seek recourse or resolve the payment directly with the Biller.
9. The Bank may at its absolute discretion terminate this request and authorization for future payments at any time by notice in writing to me/us or without notice at any time after advised by the abovementioned Biller that no further payment is required, or without assigning any reason therefore.
10. This request and authorization for payment will remain effective for the protection of the Bank in respect of payments made in good faith notwithstanding my/our death or bankruptcy or dissolution or winding up the revocation of this request and authorization for payment by any other means until further notice of my/our death or bankruptcy or such revocation is received by the Bank. The notice of termination by me/us or from the Bank shall not affect those bill(s) or charges incurred by me/us prior to the date of termination.
11. The Bank reserves the right at its absolute discretion to levy a service charge for each successful Direct Debit transaction by debiting my/our account. I/We further understand that the Bank is entitled from time to time to vary such charges or impose other charges as deemed appropriate for providing the DDS without prior notice to me/us.
12. I/We must notify the Bank and the Biller by giving 21 written days notice of the termination of the DDS by me/us or changes in my/our account number and/or the Billing Account Number. In any event, such notice will only take effect on the date of receipt by the Bank. Any notice sent by the Bank to my/our last registered address with the Bank is deemed to have been received by me/us.
13. Instruction amount which exceeds the limit specified in my/our authorization shall be rejected by the Bank, in which event I/we shall be responsible for paying the Biller directly. In this respect, I/we authorize the Bank to release details of my/our account to the Biller, and to obtain details of any payment(s) due from me/us from the Biller. I/We further consent to such disclosure and declare that the Bank shall be under no liability for disclosing such information.
14. The Bank reserves the right at any time:
 - 14.1 without prior notice to discontinue, interrupt, withdraw or suspend this DDS in whole or in part as the Bank deems fit and without assigning any reason whatsoever, and the Bank shall not be held liable for any loss or damage which may be suffered by me/us or any other third party registered under the DDS as a result of such action by the Bank.
 - 14.2 to vary, add, delete or amend any of the above conditions without notice. Such amendments shall become effective on such date as the Bank may elect to adopt, and the continued use of the DDS by me/us shall constitute acceptance of the said amendments.
15. Notwithstanding the above conditions of the DDS, I/we shall be bound by the Bank's conditions governing the operations of my/our account stated above which shall be construed in accordance with the Laws of Malaysia.
16. In consideration of the Bank agreeing to provide the DDS, I/we hereby undertake to indemnify and hold the Bank harmless and indemnified against all actions, proceedings, claims, damage, cost, expenses, demands and losses which the Bank may incur or sustain by reason of the Bank carrying out the above request and authorisation by me/us, whatsoever arising from the DDS and/or arising from errors or omissions on my/our part and/or the Biller.
17. The Bank may request additional information prior to approving the application and applicant shall furnish the requested information to the effect.