

VISA / MASTERCARD STANDING INSTRUCTIONS
FOR PAYMENT OF MONTHLY CLUB CHARGES



Perfect getaway destination

Please complete and return the form to:

Changi Beach Club
No 2 Andover Road
Singapore 509984
Fax: 65456883
Email: accounts@changibc.org.sg

MEMBER'S PARTICULARS

Member's Name:	Membership Number:
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CONTACT NUMBERS:

Mobile (1):	OFFICE:
Mobile (2):	Fax:
Residence:	
Email Address:	

CREDIT CARD HOLDER'S PARTICULARS

Card Holder's Name:	
NRIC NO:	*Male / *Female
*One month before the expiry of your card, you are required to contact us at 65465210 or let us know in writing.	

Please charge to my credit card: VISA MASTERCARD *EXPIRY DATE:

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CARD NUMBER

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Date _____

Signature Of Cardholder
(My signature is similar to Credit Card Company's specimen signature)

NOTES ON MONTHLY PAYMENT BY CREDIT CARD

- (a) This authorization will remain in force until the Club is in receipt of an official written notice or upon receipt of our written revocation.
- (b) If your application is approved - This message will appear on the lower portion of your statement of accounts "Amount due SXXXX.XX will be charged to your credit card XXXX - XXXX - XXXX - XXXX".
- (c) Please contact our Finance Department at 65465210 or email accounts@changibc.org.sg prior to the expiration of your credit card or any further clarifications.

FOR OFFICIAL USE ONLY			
Received by:	Date:	Updated by:	Date: