



## TERMINATION OF RECURRING CREDIT CARD SCHEME (RCCS)

To : Name of Billing Organisation : NEE SOON TOWN COUNCIL

Name & of Financial Institution : \_\_\_\_\_

Name of Lessee : \_\_\_\_\_

Account / Bill Reference No. : \_\_\_\_\_

Contact No. : \_\_\_\_\_

I/We wish to terminate my RCCS authorisation in respect of the above-mentioned

Account/Bill Reference No. with effect from : \_\_\_\_\_ .

\_\_\_\_\_  
Name of Card Holder

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date