



## Pay MediSave/MediShield Life Reimbursement using Direct Debit Authorisation

This form may take you 5 minutes to complete.

Form MED/IBG 06/2022

**IMPORTANT: Do not fax this form** as original signature(s) is required. **Bank account holder must sign against amendments made. DO NOT use correction fluid/tape.** Incomplete or illegible details on the form will delay the processing.

### Section 1: For Applicant's Completion

## 1 Applicant's Particulars and Authorisation

Name of Business/Company/Entity

Unique Entity/NRIC/FIN No.	CPF Payment Code	► CPF Submission No. (CSN)
<b>MEDI</b> <input type="text"/>	<input type="text"/>	► For bank's use: DDA reference no.
Examples: Unique Entity No. 1 2 3 4 5 6 7 8 9 A	P T E 0 1	
NRIC/FIN No. S 1 2 3 4 5 6 7 A	P T E 0 1	

1. I/We authorise the Bank to process the Billing Organisation's (BO), **Central Provident Fund Board**, instructions to debit and credit my/our bank account.
2. The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also have the discretion to allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. This authorisation will remain in force until the Bank's written notice sent to my/our address last known to the Bank; upon the Bank's receipt of my/our written revocation; or upon the Bank's receipt of the notice of expiry from the BO.

Name (as in Bank Account)

Bank's Name

Bank Account No.

Contact No.

Email

Company Stamp/Signature(s)/  
Thumbprint(s)\* as in Bank's records

Date:

\*For thumbprint(s), you must approach your respective Bank with your identification documents for verification. For signature(s), you have the option to approach your respective Bank for verification.

## 2 What to Do Next?



Complete and return this form to us by mailing it to:  
**Central Provident Fund Board – Healthcare Claims & Payments Department**  
Robinson Road P.O. Box 3060, Singapore 905060

For  
Help



Call our hotline at  
1800-227-1188

OR



Visit our website at  
cpf.gov.sg

Your GIRO application will be sent to your Bank and will be processed within 6 weeks.

### Section 2: For CPF Board's Completion

CPF Board's Account Details	SWIFT BIC: OCBCSGSGXXX	Account No.: 501600001001
Debiting Account Details	SWIFT BIC: _____	Account No.: _____

### Section 3: For Bank's Completion

To CPF Board: The application is hereby **REJECTED** because: ► Please tick all the applicable reasons

- |   |  |
|---|--|
| <input type="checkbox"/> Signature/Thumbprint differs from bank's records | <input type="checkbox"/> Wrong account number                                |
| <input type="checkbox"/> Signature/Thumbprint incomplete/unclear          | <input type="checkbox"/> Amendments not countersigned by Bank Account Holder |
| <input type="checkbox"/> Account operated by signature/thumbprint         | <input type="checkbox"/> Others: _____                                       |

Authorised Signature and Stamp of Bank

Name:

Date: