



Pay MediSave/MediShield Life Reimbursement using Direct Debit Authorisation

This form may take you 5 minutes to complete.

Form MED/IBG 10/2024

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)

MEDI

▶ 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

- 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.
- 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.
- 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: