



TERMINATION OF RECURRING CREDIT CARD SCHEME (RCCS)

To : Name of Billing Organisation : NEE SOON TOWN COUNCIL

Name & of Financial Institution : _____

Name of Customer : _____

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