

**PAYMENT BY LTA THROUGH DBS IDEAL
DIRECT CREDIT AUTHORISATION FOR ELECTRONIC FUNDS TRANSFER**

To: Land Transport Authority
Attention: Finance Division – PAYMENT & ASSETS

From: _____ (Company's name)

PART A TO BE COMPLETED BY SUPPLIER

1. We wish to participate in LTA's DBS IDEAL Payment Scheme. Please credit **all** monies due to us to our bank account, particulars of which is given below. In the event of any change in our bank account details, we will inform you in writing one month in advance before the change.
 2. This authorisation shall continue to be in force until we revoked it by written notice delivered to LTA giving a month's notice in advance.
 3. We acknowledge that LTA reserves the right not to effect payments electronically, if at any time
 - a) a dispute arises with respect to payments;
 - b) a transmission fails due to a failure of the DBS IDEAL Systems, MASNET and / or Singapore Automated Clearing House;
 or for any other reasons which LTA shall notify our organisation. LTA may, as soon as practicable, elect to pay by any other mode of payment.
 4. We undertake to indemnify and keep harmless LTA against any actions, claims, demands, proceedings, cost and expenses (including legal, consequential loss and exemplary damage) howsoever arising from LTA's failure to carry out any of its obligations under this payment scheme.
 5. Bank details:-
 - a) **Company's Bank Account Name:** (per Bank's records)

 - b) Our Bank Name / Bank Code:

Our Branch Name / Branch Code:

 - c) Our Bank Account details:

| | |
|-----------|----------------|
| SWIFT BIC | ACCOUNT NUMBER |
| | |
- Organisation's Stamp: _____ Authorised Bank Signature(s)*: _____ (1) _____ (2) _____
- Email address #: _____ Name: _____ (1) _____ (2) _____
- _____ Designation: _____ (1) _____ (2) _____

PART B TO BE COMPLETED BY SUPPLIER'S BANK

We confirm that the particulars as stated in Part A are correct.

Bank's stamp & Date: _____ Authorised Signature of Bank Officer: _____

_____ Name: _____

PART C TO BE COMPLETED BY SUPPLIER (after bank's endorsement)

I/ We, hereby confirm that all information as stated in Part A are correct.

Authorised Signatory ^ : _____ (1) _____ (2) _____

Name of Authorised Personnel _____ (1) _____ (2) _____

* Bank signatures and company's stamp per Bank's record # For receipt of electronic credit advice notice from DBS IDEAL ^ Authorised signatory per LTA's record