

HAMPSHIRE PLACE JMB (No. Rujukan: JMB 642/2012)
Hampshire Place Residences

Management Office, B-1-1, 157 Hampshire, No. 1, Jalan Mayang Sari, 50450 Kuala Lumpur
 Tel: 03- 2161 6336 Fax: 03- 2161 6339 E-Mail: 157hampshireresidence@gmail.com

AUTOPAY REGISTRATION & AUTHORISATION FORM

I, _____, IC No. _____ being the cardholder would like to register for Autopay Service and hereby authorises **Hampshire Place JMB** (No. Rujukan: JMB 642/2012), to debit from my following credit card(s) being payment for the following services rendered to apartment number _____ with effect from _____ (date):-

(Please tick ✓ where applicable)

	Monthly	Quarterly	Yearly
Service Charges & Sinking Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quit Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Credit Card Details:-

1st OPTION

MASTERCARD/ VISA CARD ACCOUNT NO. _____ Expiry Date (MM/YY) _____
 - - - /

Bank's Name : _____

2ND OPTION

MASTERCARD/ VISA CARD ACCOUNT NO. _____ Expiry Date (MM/YY) _____
 - - - /

Bank's Name : _____

 Cardholder's Signature

Date:

Mobile Phone No.:

E-mail Address:

 Owner's / Tenant's Signature

Date:

Mobile Phone No.:

E-mail Address:

TERMINATION OF AUTOPAY SERVICE

I, _____ of _____ (apartment no.) would like to terminate the above Autopay Service with effect from _____ (date) and hereby authorises Hampshire Place JMB (No. Rujukan: JMB 642/2012), to cancel all and any standing instructions to debit from the above mentioned credit cards for the following services:-

(Please tick ✓ where applicable)

	Monthly	Quarterly	Yearly
All Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Charges & Sinking Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quit Rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Cardholder's Signature

Date:

 Owner's / Tenant's Signature

Date: