Direct Debit Authorisation Form

Requirements and instructions

Please write in capital letters. Tick where applicable.



A. Customer Details	
redONE Mobile No.	redONE Account No.
Name (as per IC/MyKad) Mr. Mrs. Mdm.	Others (e.g. Dr. / Dato, etc.) Non-Malaysian
NRIC / MyKad No.	Old IC / Passport
Billing Address	
(As per Credit Card Billing Address)	
Company Name	
Company Address	
B. Auto Billing Enrolment	
Bank Name	
Card Holder Name	
(As per credit card)	
Monthly Bill Settlement Information	
Credit Card Type VISA Card Master Card	
Credit Card No.	
Expiry Date M M Y Y	
C. Customer Declaration	
I declare that all the above information is true and complete and I would like to have the selected service(s rendered. I hereby authorise redONE Network Mobile 5dn Bhd until further notice to charge my credit) Company Stamp
reflected. Thereby authorise records records risone and until further house to charge my credit card of the payment that may become due thereunder.	
Authorised Signatory Signature	-
Date d d - m m - y y y y	
D. For redONE Use Only	
Processed By:	Approval by:
Documentation Checklist	
Photocopy of Credit Card (front)	
Photocopy of MyKad / Passport of the Credit Card Holder	