

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

To: Land Transport Authority
(Attention: Finance Group – Collections, Receivables & Refunds Division)

From: _____ (Company's Name)

PART A TO BE COMPLETED BY CARPARK OPERATOR

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. **I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested in this document.**

6. Bank details:-

a) **Company's Bank Account Name:**

(Please write in block letters)

b) **Our Bank and Branch Name:**

c) **Our Bank Account details:**

BANK CODE	BRANCH CODE	ACCOUNT NUMBER

(Do not enter dashes)

Organisation's Name,
Stamp & Date:

Authorised Bank

Signatures:

Name:

Designation:

Telephone number:

(1) _____	(2) _____
(1) _____	(2) _____
(1) _____	(2) _____
(1) _____	(2) _____

PART B TO BE COMPLETED BY CARPARK OPERATOR'S BANK

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

Bank's stamp & Date:

Authorised Signature:

Name:

Designation:

PART C FOR LTA'S INTERNAL USE

Contractor / Supplier Code

Date Entered

: _____
: _____