

MAYBANK

BORANG PENDAFTARAN / KEMASKINI / PEMBATALAN PERKHIDMATAN BAYARAN BIL ATM KAWANKU ATM BILL PAYMENT REGISTRATION / SERVICE UPDATE FORM

Bahagian 1 Section 1	Untuk Diisi oleh Pengguna Kawanku ATM kad To be completed by Kawanku Atm Card User	Tarikh Date	160610	No Telefon Contact No	017-2774557 019-3656556											
NO Kad ATM ATM card No	5 8 8 7 6 6 4 4 2 3 2 3 4 1 2 2	No Akaun Account No	1 6 2 1 8 8 0 1 1 1 2 2													
Nama 1 / Name 1	S I T I A M I N A H B T A L I	No K/P	7 6 0 7 3 1 1 4 5 6 2 4													
For Joint Account holders, fill this part too.																
Nama 1 / Name 1		No K/P														
Sila tandakan di dalam kotak di bawah mengikut arahan transaksi / Please tick your Instruction in the box below:																
<input checked="" type="checkbox"/>	Sila daftar penerima di bawah ke dalam senarai bayaran bil saya Please include the following payee to my Bill Payment List															
<input type="checkbox"/>	Sila batalkan Perkhidmatan Bayaran Bil daripada senarai bayaran bil saya. Please cancel the following Payee Corporation (by reference number) from my Bill Payment List															
<input type="checkbox"/>	Sila batalkan Perkhidmatan Bayaran Bil (keseluruhan) Please cancel my ATM Bill Payment facilities (all payments)															
Sila isikan nama Badan Penerima dan No Rujukan/ No pinjaman/ No invoice/ No keahlian Please fill in the name of the payee Corporation and the Bill reference no / hire purchase number/ membership number																
Nama Perbadanan yang dibayar Payee Corporation to be paid	No Rujukan/ No pinjaman/ No invoice/ No keahlian Bill reference no / hire purchase number/ membership number										Kod Pembayaran Payment Code					
AZIO E-PAY SERVICE (M) SDN BHD	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
To be filled by Azio office																
Payee Corp Address :																
To be filled by Azio office										Siti Aminah			For Joint Account holders, fill this part too.			
										Tandatangan pemegang Akaun : Signature			Pemegang akaun 1			
										Witness By Signature			Agent (Name & I.C. No)			
Bahagian 2 Section 2	Untuk kegunaan Cawangan For Branches use only										Tarikh Date					
Ulasan : _____												Tandatangan pegawai Cawangan Branch officer's Signature				
Remarks : _____																
Bahagian 3 Section 3	Untuk kegunaan Pusat Operasi ATM For ATM operational Centre use only										Tarikh Date					
<input type="checkbox"/> Perkhidmatan dibatalkan Service cancelled <input type="checkbox"/> Bil ditambah Bill updated												Diluluskan : _____				
<input type="checkbox"/> Bil dibatalkan Bill cancelled												Approved by : _____ Tandatangan Pengesahan Authorised Signatory				
Sila hantar borang ini kepada : Please send this form to :												Maybank Centralised Payment Central Operations 2nd Floor, Menara Maybank 100, Jalan Tun Perak, 50050 Kuala Lumpur Attn: Pn Siti Khairinah / Pn Surayah				
NOTE: The transaction will take effect within 5 working days from the date received by Maybank Centralised Payment Operation. There will be no notification to customer. Customer may check the availability at ATM after 5 working days.																
<input type="checkbox"/> Steps to check at ATM: Insert ATM card > key in the PIN number > Bill Payment > View / select the Company Name																