

To: Malaysian Institute of Accountants Authorization for Electronic Payments		
Name*	IC Nur	nber*
Address*		
Bank*	Address *	
Account Name*		Account Number*
Bank ID Number*		
Swift Code (if applicable)		
Routing & Transit Number / IBAN (if applicable)		
E-mail address to which electronic confirmations will be sent (not more than 30 character) *		
Contact Person		
Contact Number TEL:	FAX:	
By signing this form below, I/We authorize Malaysian Institute of Accountants and the financial institution indicated above to deposit all payments due automatically, in accordance with agreed upon payment terms. This authority will remain in effect until I/We notify Malaysian Institute of Accountants in writing of its cancellation.		
Authorized Signature and Date*		

\*compulsory