



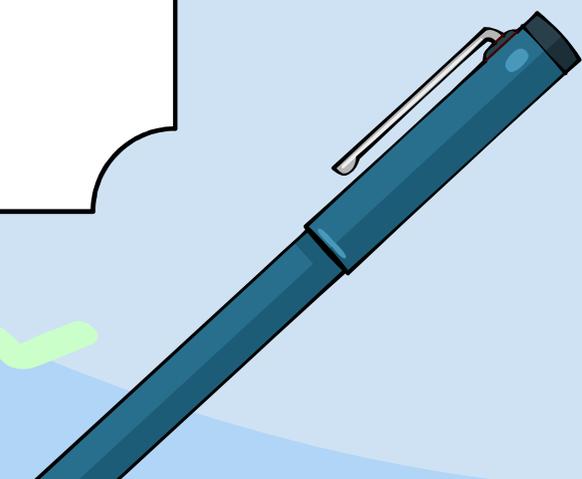
吉隆坡中華獨立中學

CHONG HWA INDEPENDENT HIGH SCHOOL

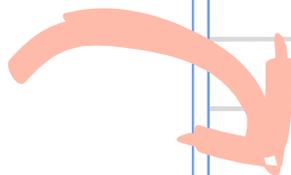


会计处

2023年新生须知



学费缴交方式：
银行直接转账
Direct Debit (DD)



为方便家长每月缴付孩子的学费；
同时简化处理学费的繁琐手续，
本校规定全体学生必须采用
银行直接转账 (Direct Debit) 系统

简单 安全 方便



新生缴费与 Direct Debit 申请日期

2022年 11月 11日
(7.30am – 3.00pm)

至

2022年 11月 12日
(7.30am – 1.00pm)

亲临 本校光前堂

填写 **Direct Debit** 申请表格

最后限期 Direct Debit 申请日期

2022年 11月 14日
至

2022年 11月 17日
(7.30am – 3.00pm)

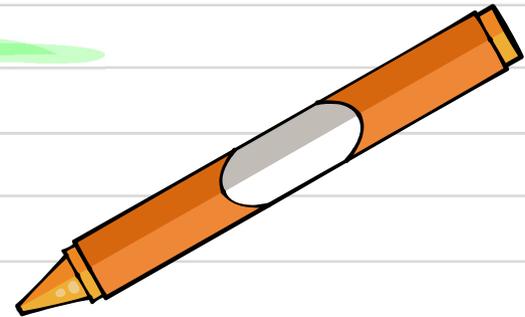
1. 可到本校**7楼**会计处填写申请表格 **或**
2. 在本校校网下载申请表格，填写及亲笔签名后的表格 连同 银行注册费 **(RM2)** 邮寄 **或** 交至 本校**7楼**会计处。

若邮寄，来函请注明 " **Direct Debit** 申请表格 "





如何下载 Direct Debit Authorization 表格



如何下载 Direct Debit Authorization 表格

1. 浏览本校校网 (<https://www2.chonghwak1.edu.my/allpub/entry/results.aspx>)
2. 到‘下载专区’ 下载申请表格



Direct Debit AUTHORIZATION FORM

IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * New Application Maintenance Termination

Account Holder's Name (Primary) *

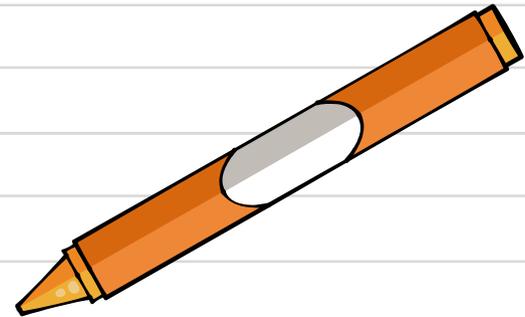
ID Number (without '-' or '/') * New IC Passport Old IC Business Reg.

Saving, Current Account No (without '-' or '/') * (例子: 830101081234) (户口号码的例子: 3333812342)

Telephone Number Bank Abbreviation * (Refer to Guideline for abbreviation list)



如何启动直接转帐的服务



如何启动直接转帐的服务？

1. 将已填写及亲笔签名的申请表格，连同银行注册费 (RM2) 交至本校7楼会计处



银行只接受亲笔签名的申请表格 (original signature)



银行不接受已填写和签名的复印表格，也不接收电邮

如何启动直接转帐的服务？

2. 学校会将申请表格递交给您的银行处理
3. 审核后，银行会传达校方有关您的申请状况
4. 校方会通过  WhatsApp 通知您，申请是否成功

整个申请过程须6到8个星期

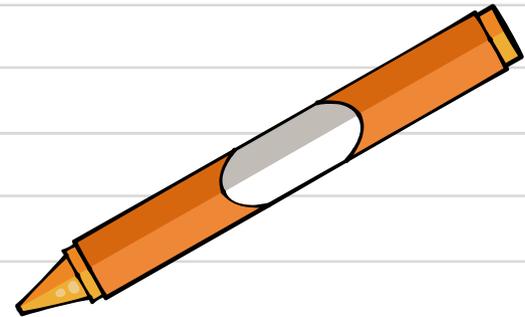
请尽早申请

REJECTED

如果申请不成功，须重新申请
(另付RM 2 的手续费)



申请表格注意事项





申请表格注意事项

- ✓ 请用黑色笔与大写字母 (CAPITAL LETTER)填写表格
- ✓ 请小心填写，不可涂改，确保资料无误

SHONG HWA TECH SCHOOL
吉隆坡中華中學

DirectDebit
AUTHORIZATION FORM

IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BL

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * New Application Maintenance Termination

Account Holder's Name (Primary) *

O	N	G	A	H	M	E	N	G				
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申请表格注意事项

- ✓ 需要参与银行的“来往” (Current) 或“储蓄” (Savings) 账户
- ✓ 请选择活跃的账号。可用个人，联名或公司 (business) 账户
- ✓ 填写申请表时，请用正确 (与银行文件上一致) 的签名
- ✓ 如忘了签名方式，请到银行确认签名，并得到银行的认证盖章
- ✓ 注册费为RM2.00 (请付现金，联同表格一起交回给校方)

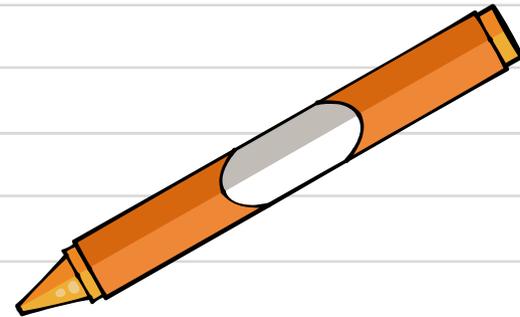


OCBC 银行账户免注册费。





申请表格说明指南



个人户口 (样本)

1. Type of Application : New Application

2. Account Holder's Name

3. IC Number (不可以放 '-')
(例子: 830101081234)

4. Bank Account Number (不可以放 '-')
(例子: 1234567)

5. Telephone Number 6. E-mail

7. Maximum amount to debit :
RM 3000 (非寄宿生) , RM 5000 (寄宿生)

8. Maximum frequency : 3

9. Effective Date : 020123 - 311228

✓ 根据银行文件一致的签名



考试编号
名字

DirectDebit
AUTHORIZATION FORM



IMPORTANT NOTE: ALL FIELDS WITH * ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ☑ ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * New Application Maintenance Termination

Account Holder's Name (Primary) * O N G A H M E N G

ID Number (without '-' or '9') * New IC Passport Old IC Business Reg. 0 3 0 4 1 2 1 0 6 2 3 4

Saving, Current Account No (without '-' or '9') * 1 2 3 4 5 6 7 8 9 0 (例子: 830101081234)

Telephone Number 0 1 2 1 2 3 4 5 6 7 Bank Abbreviation * (Refer to Guideline for abbreviation list) P B B

E-Mail a b c 1 2 3 @ g m a i l . c o m

Purpose of Payment * S C H O O L F E E S

Maximum amount to debit per transaction (RM)* - - - - 3 0 0 0 - 0 0 (Subject to maximum limit specified by the DD Operator)

Maximum frequency * - - 3 Mode of frequency * Daily Weekly Monthly Yearly

Effective Date * (DDMMYY) 020123 Expiry Date (DDMMYY) 311228

Declaration:
a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.
b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).
c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
e. I/We hereby agree to be bound by the Terms and Conditions.
f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

Signature / Company Stamp * *Ah Meng* Date * (DDMMYY)

FOR CORPORATION'S COMPLETION

Student ID * S E 0 0 0 0 9 3 8 2 (学生学号) Date * (DDMMYY)

Payment Reference No. (e.g. Policy No., etc.) (Must be unique) *



联名户口 (样本)



DirectDebit
AUTHORIZATION FORM



IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND [] ON THE RELEVANT BOXES.

需填两个人的姓名，
其中一个人的身份证号码

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * New Application Maintenance Termination

Account Holder's Name (Primary) *
O N G A H M E N G

T A N M E I L I N G

ID Number (without +/- or ??) * New IC Passport Old IC Business Reg.
8 3 0 4 1 2 1 0 6 2 3 4

Saving, Current Account No (without +/- or ??) *
1 2 3 4 5 3 6 7 9 0 1 2 (例子: 8300100234)

Telephone Number
0 1 2 1 2 3 4 5 6 7 Bank Abbreviation * (Refer to Guideline for abbreviation list) M B B

E-Mail
a b c 1 2 3 @ g m a i l . c o m

Purpose of Payment *
S C H O O L F E E S

Maximum amount to debit per transaction (RM) * - - - - 3 0 0 0 - 0 0 (Subject to maximum limit specified by the DO Operator)

Maximum frequency * - - 3 Mode of frequency * Daily Weekly Monthly Yearly

Effective Date * (DDMMYY) 020123 Expiry Date (DDMMYY) 311228

- Declaration:**
- a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.
 - b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).
 - c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
 - d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
 - e. I/We hereby agree to be bound by the Terms and Conditions.
 - f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
 - g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

✓ 两个人的签名

Signature / Company Stamp *Ah Meng Mei Ling* Date * (DDMMYY)

FOR CORPORATION'S COMPLETION

Billor ID * S E 0 0 0 0 9 3 8 2 (学生学号) Date * (DDMMYY)



公司户口(样本)



DirectDebit
AUTHORIZATION FORM



IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * New Application Maintenance Termination

Account Holder's Name (Primary) * A B C D S D N B H D

ID Number New IC Passport Old IC Business Reg. 1 2 3 4 5 6 T

Saving, Current Account No (without "1" or "3" * 1 2 3 4 5 6 7 8 9 0 1 2 (例子: 830101001234) (户口号码的例子: 3335812342)

Telephone Number 0 1 2 1 2 3 4 5 6 7 Bank Abbreviation * (Refer to Guideline for abbreviation list) M B B

E-Mail a b c 1 2 3 @ g m a i l . c o m

Purpose of Payment * S C H O O L F E E S

公司名称

公司注册号码

Maximum amount to debit per transaction (RM)* - - - - 3 0 0 0 - 0 0 (Subject to maximum limit specified by the DO Operator)

Maximum frequency * - - 3 Mode of frequency * Daily Weekly Monthly Yearly

Effective Date * (DDMMYY) 020123 Expiry Date (DDMMYY) 311228

Declaration:

a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.

b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).

c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.

d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.

e. I/We hereby agree to be bound by the Terms and Conditions.

f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.

g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

✓ 根据银行文件一致的签名

✓ 盖公司印章

Signature / Company Stamp * *Ah Meng* Date * (DDMMYY)

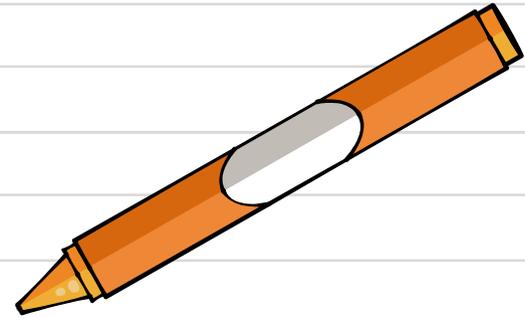
Account Holder's Signature as per Bank's record (For Joint Account - Signature as per Bank's signing condition)

FOR CORPORATION'S COMPLETION

Bill ID * S E 0 0 0 0 9 3 8 2 (学生学号) Date * (DDMMYY)



银行直接转账日期





银行直接转账日期

- ✓ 校方会在每月第5日转账学费

IMPORTANT



家长需在每月第4日或之前确保
账户里有足够存款，
使转账顺利



如有疑问

请联系本校会计处

03-62587935

03-62587946