



吉隆坡中華獨立中學

CHONG HWA INDEPENDENT HIGH SCHOOL

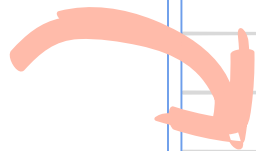
此

银行直接转账指南说明

Direct Debit Guideline

- 会计处 -

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





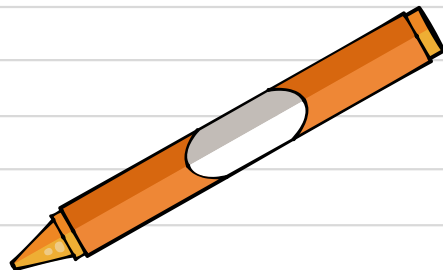
什么是直接转账 (Direct Debit)

- ✓ 家长只须授权账户所在银行，
便可将学费按指定日期支付给校方
- ✓ 银行将依据校方的指示，直接从家长的储蓄或来往账户扣除学费





参与直接转帐银行



参与直接转帐的27家银行



Abbreviation	Bank Name
ABB	Affin Bank Berhad
AGRO	Agrobank
ABMB	Alliance Bank Malaysia Berhad
ARM	Al-Rajhi Bank
AMBB	Ambank
BIMB	Bank Islam Malaysia Berhad
BKRM	Bank Kerjasama Rakyat Malaysia Berhad
BOFA	Bank of America (M) Berhad
BTMU	Bank of Tokyo-Mitsubishi UFJ (Malaysia) Berhad
BMMB	Bank Muamalat
BNPP	Bnp Paribas Malaysia Berhad
BOCM	Bank of China
CIMB	CIMB Bank Berhad
CITI	Citibank Berhad

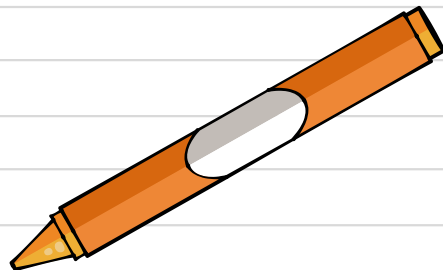
Abbreviation	Bank Name
DBB	Deutsche Bank Malaysia Berhad
* HLBB	Hong Leong Bank Berhad
* HSBC	HSBC Bank Malaysia Berhad
ICBC	Industrial and Commercial Bank of China
JPMC	JP Morgan Chase Bank
** MBB	Malayan Banking Berhad
MCBM	Mizuho Bank (Malaysia) Berhad
OCBC	OCBC Bank Malaysia Berhad
PBB	Public Bank Berhad
* RHB	RHB Bank Berhad
SCB	Standard Chartered Bank Malaysia Berhad
SMBC	Sumitomo Mitsui Banking Corporation Malaysia Berhad
UOB	United Overseas Bank

* HLBB, HSBC 和 RHB : 一个户口只限一名学生

** MBB : 若第2个孩子共用同一个MBB户口,
请打电话到会计处询问如何填写申请表格



如何申請及啟動直接轉帳的服務



如何申请及启动直接转帐的服務？

1. 家长不必去银行办理,因为学校即可提供申请表格。
2. 可到本校7楼会计处填写申请表格 **或**
在本校校网下载申请表格,
3. 将已填写及亲笔签名后的申请表格连同
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"



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？

4. 学校会将申请表格递交给您的银行处理
5. 审核后，银行会传达校方有关您的申请状况
6. 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

IMPORTANT



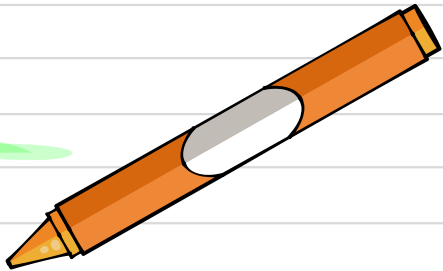
请尽早申请

REJECTED

如果申请不成功，须重新申请
(另付RM2的手续费)



如何下载 Direct Debit Authorization Form 申请表格*



* 也称“授权表格”，因授权银行将款项转账。

如何下载Direct Debit Authorization Form 申请表格

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



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) *

ID Number (without '-' or '/') *

☐ New IC ☐ Passport ☐ Old IC ☐ Business Reg.

Saving, Current Account No (without '-' or '/') *

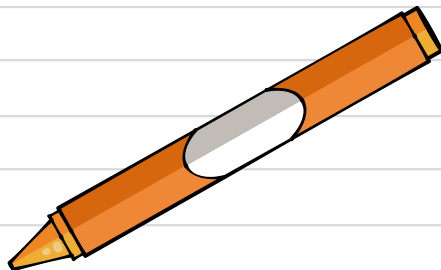
Telephone Number

Bank Abbreviation * (Refer to Guideline for abbreviation list)

(例子: 830101081234)
(户口号码的例子: 3333812342)



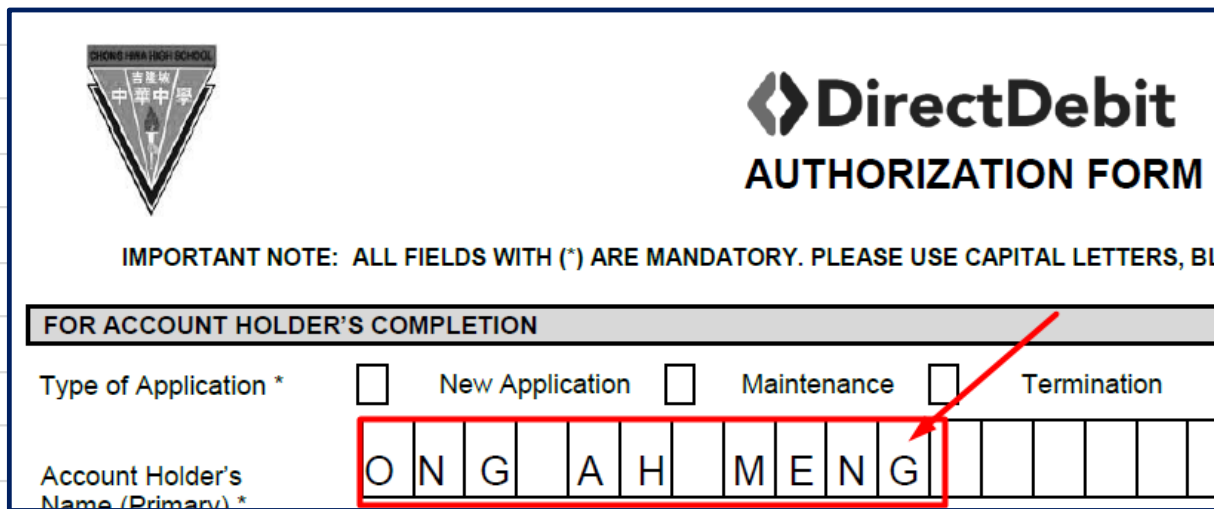
填写申请表格注意事项





填写申请表注意事项

- ✓ 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



The form is titled "DirectDebit AUTHORIZATION FORM". It features the logo of "Sikong (HSA) HIGH SCHOOL" (吉隆坡中華中學) on the left. Below the logo, it states "IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BL".

The form is divided into sections for "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

A red box highlights the first seven letters of the name "ONGAHME", and a red arrow points to the eighth letter "N".



填写申请表格注意事项

- ✓ 必须使用“来往”（Current）或“储蓄”（Savings）账户
- ✓ 请选择活跃的账户。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（请付现金，联同表格一起交回给校方）

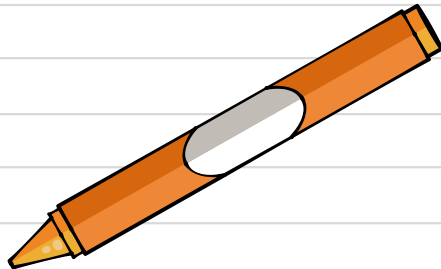


OCBC 银行账户免注册费。





申请表格说明指南



填写申请表(样本一)

— 个人账户者

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 : 020124 – 311229

10. 学生学号 : 只需填写学号的号码, 不需要填写字母 'S' (例子: 220100)

与银行文件
一致的签名



新生请填写:
考试编号和名字

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 (例子: 830101081234)

Saving, Current Account No (without '-' or '9') * 1 2 3 4 5 6 7 8 9 0 (户口号的例子: 33338123456)

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 DO Operator)

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

Effective Date * (DDMMYY) 020124 Expiry Date (DDMMYY) 311229

- Declaration:
- 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.
 - 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).
 - 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.
 - I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
 - I/We hereby agree to be bound by the Terms and Conditions.
 - This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
 - I/We hereby authorize 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 Account Holder's Signatures as per Bank's record (For Joint Account - Sign) Date* (DDMMYY)

FOR CORPORATION'S COMPLETION

Bill ID * S E 0 0 0 0 9 3 8 2

Payment Reference No. (e.g. Policy No., etc.) (Must be unique) * 220100

在籍学生请填写学号, 不要填写 'S'

填写申请表格(样本二)

- 使用联名账户者

须填两个人的姓名，
其中一个人的身份证号码

✓ 两个人的签名

新生请填写：
考试编号和名字

DirectDebit
AUTHORIZATION FORM



IMPORTANT NOTE: ALL FIELDS WITH * ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND [X] 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
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
(例子: 830101081234) (户口号码的例子: 3333812342)

Saving, Current Account No (Without - or /) * 1 2 3 4 5 3 6 7 9 0 1 2

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 DD Operator)

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

Effective Date * (DDMMYY) 020124 Expiry Date (DDMMYY) 311229

Declaration:

- 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.
- 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).
- 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.
- I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
- I/We hereby agree to be bound by the Terms and Conditions.
- This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
- 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 Mei Ling* Date *
Account Holder's Signature (For Joint Account - Sign)

FOR CORPORATION'S COMPLETION

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

Payment Reference No. (e.g. Policy No., etc.) (Must be unique) * 220100

在籍学生请填写学号，不要填写 'S'

填写申请表格(样本三)

- 使用公司账户者

公司名称

公司注册号码

- ✓ 根据银行文件一致的签名
- ✓ 盖公司印章

新生请填写：
考试编号和名字

Direct Debit
AUTHORIZATION FORM



IMPORTANT NOTE: ALL FIELDS MUST BE FILLED IN. 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 (without - or /) * ☐ New IC ☐ Passport ☐ Old IC ☒ Business Reg. 1 2 3 4 5 6 T

Saving, Current Account No (without - or /) * 1 2 3 4 5 6 7 8 9 0 1 2 (例子: 830101081234) (户口号码的例子: 3333812345)

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) 020124 Expiry Date (DDMMYY) 311229

Declaration:

- 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.
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- 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.
- I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
- I/We hereby agree to be bound by the Terms and Conditions.
- This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
- 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)

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

FOR CORPORATION'S COMPLETION

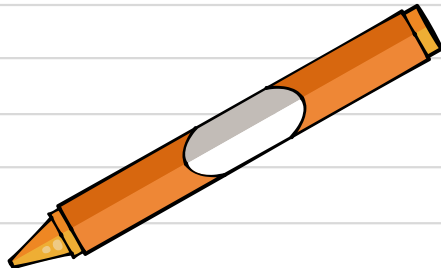
Bill ID * S E 0 0 0 0 9 3 8 2 (H) 220100 (DDMMYY)

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

在籍学生请填写学号，不要填写‘S’



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



家长须在每月第4日或之前确保
账户里有足够存款，
使转账顺利完成。



如有疑问

请联系本校会计处

03-62587935

03-62587946

