SingHealth Community Hospitals

Bright Vision • Outram • Sengkang

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CREDIT CARD AUTHORISATION FORM

Please complete this form and return to SingHealth Community Hospitals – (SKCH/ OCH)

Important Notes:
Please provide all relevant information in full to avoid delay in the processing of your payment. Any amendment or alteration must be countersigned by the cardholder.

I, _____ (Credit cardholder's name), cardholder of the below hereby authorise "SingHealth Community Hospitals – (SKCH/ OCH)" to charge a total amount of S$_____ for payment of _____ (Case No._____).

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Credit Card #:

Expiry Date (MM/YY):

Cardholder's Signature: _____

Thank you.