

To: Financial Planning Association of Malaysia
Accounts / Finance Department
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Annual Membership Subscription Payment Form – Auto Debit

I, _____ (Name); _____ (Membership No.), hereby authorize FPAM to charge **RM**_____ to my credit card as follows for **AUTO DEBIT** payment of membership recertification fees:

Card* : MASTER / VISA / DINERS / AMEX
Cardholder's Name : _____
Card Number : _____ - _____ - _____ - _____
Card Expiry Date : ____/____ (mm / yy) CCV number : _____
Bank code : ____ _ (4 digit bank code on front of card {AMEX only})
Cardholder's Signature : _____
Date : _____

* delete where not applicable

5 CE points when you recertify your membership

*Note:
Members' name will be published on FPAM website, when members have fulfilled the CE requirement as per Code of Ethics. For CE points inquiry, please email to events@fpam.org.my*