

Date: _____

Raffles Hospital Pte Ltd
585 North Bridge Road
Singapore 188770

Dear Sir/Madam,

LETTER OF AUTHORISATION TO CHARGE CREDIT CARD

I, _____
of _____ (Identification No. / Passport No.), hereby authorise Raffles Hospital to make the following charge against my credit card for medical expenses incurred at Raffles Hospital.

Payment details as follows:

Patient Account No: _____

Credit Card No: _____
(Visa / Master / Amex)

Card Expiry Date: _____

Card Verification Value (CVV): _____

(It is either three or four digits in length depending on the card user.)

For Visa & Master, the three-digit value is printed on the signature panel on the back of the card.

For Amex, a four-digit value is printed (not embossed or raised) on the left or right side of the card or below the card number)

Amount: S\$ _____

****Please do not forget to attach a copy of the credit card (front and back) for verification purposes.***

Yours faithfully,

Full Name: _____

Contact No: _____