



LETTER OF AUTHORITY

I, the undersigned,
 Name : _____
 Subscriber No. : _____
 Address : _____
 Phone No. : _____
 Handphone No. : _____

Hereby authorize PT First Media Tbk. to debit my **CIMB Niaga Account (Visa Electron Card)** or **Credit Card**, on the 1st of every month, for the payment of monthly subscription fee as well as any other charges reflected in my billing statement. This authority letter is also valid for extension or replacement of Credit Card/ CIMB Niaga Account.

CIMB NIAGA ACCOUNT (CIMB NIAGA's VISA ELECTRON)
 Visa Electron Card No. : _____
 Account Holder Name : _____
 CIMB Niaga Account No. : _____
 CIMB Niaga Branch : _____
 Expiry Date : _____

CREDIT CARD
 Credit Card No. : _____
 Expired Date : _____
 Name on Credit Card : _____
 Type of Credit Card : VISA MASTER AMEX

This authority is valid and effective unless a **letter of cancellation or notification is received** through fax or mail to PT First Media Tbk (Billing, Collection & Recovery Dept), at least **2 (two) weeks before the 1st date of the month**.

Jakarta, _____

To: PT First Media Tbk
Billing, Collection & Recovery Dept
 Bulevar Gajah Mada No. 2170
 Lippo Karawaci - Tangerang 15811
Fax : (62-21) 55 777 465

CONTACT CENTER :
Telp : (62-21) 2559 6000
Fax : (62-21) 55 777 477

 Signature

ONE TIME CHARGE (Fill this out only if you want a one time charge):

Amount : Rp _____

Remarks : _____

Jakarta, _____

 Signature