

DIRECT DEBIT AUTHORIZATION 直接付款授權書

MPF-DSVC

Please complete and return this form to the party to be credited. 請填寫並將本授權書交給收款之一方

Name of party to be credited (The Beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
Bank of Communications Trustee Ltd – BCOM Joyful Retirement MPF Scheme	0 2 7	5 5 6	1 1 0 9 2 9 4 5

I/We hereby authorize my / our below named Bank to effect transfers from my / our account to that of the above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my / our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer (s).

I/We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorized, my / our Bank shall be entitled, in its discretion, not to effect such transfer in which event my / our Bank may make the usual charge and that it may cancel this authorization at any time by giving me / us one week's written notice.

This authorization shall continue to be effective until my / our further notice or the below written expiry date (whichever first occurs).

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my / our Bank shall be given at least two working days prior to the date on which such cancellation / variation is to take effect.

本人 / 吾等現授權本人 / 吾等之下述銀行，根據受益人不時給予本人 / 吾等銀行之指示，自本人 / 吾等之賬戶內轉賬予上述受益人，惟每次轉賬金額不得超過以下指定之限額。

本人 / 吾等同意本人 / 吾等之銀行毋須證實該等轉賬通知是否已交予本人 / 吾等。

如因該等轉賬而令本人 / 吾等之賬戶出現透支 (或令現時之透支增加)，本人 / 吾等願共同及各別承擔全部責任。

本人 / 吾等同意如本人 / 吾等之賬戶並無足夠款項支付該等授權轉賬，本人 / 吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

本授權書將持續有效直至本人 / 吾等另行通知或下列到期日為止 (以兩者中較早者為準)。

本人 / 吾等同意，本人 / 吾等取消或更改本授權之任何通知，須於取消 / 更改生效日最少兩個工作天之前交予本人 / 吾等之銀行。

My / Our Bank Name and Branch 本人 / 吾等之銀行及分行之名稱		Bank No. 銀行編號	Branch No. 分行編號	My / Our Account No. 本人 / 吾等之賬戶號碼
My / Our Name as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上所紀錄之名稱		My / Our Address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上所紀錄之地址		
Limit for each *Payment / Month *每次 / 月付款之限額	Expiry Date 到期日 D D M M Y Y Y Y	My / Our Signature (s) 本人 / 吾等之簽名		Date 日期
Name of Debtor (if other than account holder) 債務人之姓名 (若非賬戶持有人)		Debtor's Reference (Compulsory Field) 債務人參考 (必填之欄)		
For Bank Use Only 以下由銀行填寫				
SV 核印	Clerk 經辦	Checker 覆核	Receiving Date 收件日期	Effective Date 生效日期

NOTES 附註：

- If the amount of your payments are likely to vary each time, please set the limit for each payment at the maximum amount you would expect to pay at any one time.
 - This Direct Debit Authorization will be cancelled automatically on the date included in the box marked 'Expiry Date'. If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you), please leave box blank.
 - Please ensure that you sign the form in the usual way that you would sign in respect of your specified bank account.
 - In the box marked 'Debtor's Reference', please enter the scheme no. of your MPF account.
- 如 台端每次付款之數額可能不相同，則請將最高者定為每次付款之最高限額。
 - 本授權書將於「到期日」一欄中所填寫之日期自動撤銷。如台端意欲本授權書無限期有效 (或直至台端予以撤銷為止)，則請將該欄留空。
 - 請保證 貴戶在此授權書內之簽名，與台端指定的銀行賬戶之簽章完全相同。
 - 在「債務人參考」一欄內，請填上 台端之強積金計劃編號。

*Delete whichever is not appropriate. 請刪去不適用者

Note: In the case of inconsistencies, the English version shall prevail.
註：如有歧異，以英文版本為準。