

For Investment-Linked Plan Only 只適用於投資相連保險計劃

Direct Debit Authorization 直接付款授權書

Date 日期: _____

Name of party to be credited (The Beneficiary)收款之一方(受益人)											
CHINA LIFE INSURANCE (OVERSEAS) CO., LTD. HONG KONG BRANCH											
Bank No. 銀行編號			Branch No. 分行編號			Account No. to be Credited 賬戶號碼					
0 0 6			3 9 1			1 7 8 0 5 9 0 2					

- 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 the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.
 - This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).
 - 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 and at the same time such notice shall be given to the beneficiary.
- 本人/吾等現授權本人/吾等之下述銀行，(根據受益人或其銀行不時給予本人/吾等銀行之指示)自本人/吾等之銀行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/吾等之銀行無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。
 - 本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。
 - 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行並受益人。

My/Our Bank Name 本人/吾等之銀行之名稱:												Branch Name 銀行分行之名稱													
Bank No. 銀行編號:				Branch No. 分行編號:				My/Our Account No. 賬戶號碼:																	
#My/Our Name(s) as recorded on Statement/Passbook本人/吾等在結單/存摺上所紀錄之名稱																									
%ID # of Account-Holder 賬戶持有人的證實號碼:												ID Type 證明類別: _____						Note: I = HKID, P = Passport, B = Business Registration, 附註: C = Certificate of Incorporation, X = Others							
*Limit for Each Payment/Month 每次/月付款之限額:												@ Expiry Date 到期日, 日月年:						D D		M M		Y Y		Y Y	
My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址:																									
# Name of Debtor (if other than Account Holder) 債務人之姓名 (若非賬戶持有人):												+ My/Our Signature(s) 本人/吾等之簽名:													
! Debtor's Reference (Compulsory Field) 債務人參考 (必填之欄):																									
For Bank 銀行 Use Only 專用				Remarks:																Signature Verified:					

Note 附註:

- # Please write in block letter 請以英文正楷填寫。
- * If the amount of your payment are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time. 如台端付款之數額每次可能不同，則請將最高者定為每次付款之最高限額。 Please delete whichever is not appropriate. 請刪去不適用者。
- @ This DDA will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the DDA to have effect indefinitely (or until cancelled by you), please leave box blank. 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如貴戶意欲直接付款授權書無限期有效(或直至貴戶以撤銷為止)，則請將該欄留空。
- + Please ensure that your signature in this form as you sign on your Bank Account. 請保證貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。
- ! Enter the identifying reference between yourself and the party to be credited i.e. Student ID, Mortgage Policy No., etc. 在債務人之參考欄內，請將貴戶與受款一方之關係，略予說明，例如學生編號，抵押合約號碼等。
- % Enter the identification used for bank account opening and enter ID type. Debtor's bank uses this information for verification purpose only. 填上開戶時使用的身份證明號碼及其證明類別。付款人的銀行會作為核實用途。