

# DIRECT DEBIT AUTHORIZATION 直接付款授權書

**NOTE: Please complete and return this form to your banker. 注意：請依次填寫並將此授權書交給 貴戶之往來銀行。**

Name of party to be credited (The Beneficiary) 收款之一方(受益人) 中國人壽保險(海外)股份有限公司香港分公司 CHINA LIFE INSURANCE (OVERSEAS) CO. LTD HONG KONG BRANCH	Bank No. 銀行編號 0 0 4	Branch No. 分行編號 0 4 4	Account No. 賬戶號碼 1 4 0 0 4 4 0 0 1
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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.

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.

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。

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日之前交予本人/吾等之銀行。

**Please complete all boxes shown below. 請填寫下列各項:**

Bank Name 銀行名稱	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(s) As Recorded On Statement/Passbook 本人/吾等在結單/存摺上所紀錄之英文名稱			
My/Our Address As Recorded On Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址		*My/Our Signature(s)本人/吾等之簽名	
		Date 日期	
*Name of Insured (If Other Than A/C Holder(s))保戶姓名(若非賬戶持有人)		*Debtor's Reference (Insurance Policy No. 保單號碼)	

**For Bank Use Only 以下由銀行填寫:**

Remarks 備註	Signature(s) Verified 核對印鑑
	Date 日期

\*NOTED 附註:

Please write in block letters.

請以英文正楷填寫。

Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽署樣式完全相同。