

直接付款授權書 Direct Debit Authorization

請依次填寫並將此授權書交給中銀國際英國保誠信託有限公司。Please complete and return this form to BOCI-Prudential Trustee Limited.

收款人(受益人)姓名 Name of Party to be credited (the Beneficiary)	銀行編號 Bank Code	分行編號 Branch Code	收款賬戶之號碼 Account No. to be credited
BOCI-Prudential Trustee Limited - My Choice - Autopay - In A/C	0 1 2	8 7 5	0 0 4 3 4 1 6 0

本人/吾等現授權本人/吾等之下述銀行，(根據受益人及/或代理人不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬至上述賬戶。

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/吾等願共同及個別承擔全部責任。

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。

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。

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker's correspondent 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.

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.

請用英文正楷填寫 TO BE COMPLETED IN ENGLISH AND BLOCK LETTERS

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	本人之銀行賬戶號碼 [銀行編號 (3 位數字) + 分行編號 (3 位數字) + 賬戶號碼] My Bank Account No. [Bank Code (3 digits) + Branch Code (3 digits) + Account No.]		
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as recorded on Statement/Passbook			
債務人名稱 - 僱主 Name of Debtor - Employer	債務人參考 - 計劃編號 (必須填寫) Debtor's Reference - Scheme No. (Compulsory Field) 3		
*香港身份證/護照/商業牌照/公司註冊號碼 *HKID Card / Passport / BR/ Certificate of Incorporation No.	聯絡電話 Telephone No.	本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook	
^每次付款限額 ^Limit per payment	^閣下可設定每次的轉賬限額。因閣下每次須付款的金額可能不同，為避免轉賬被銀行撤回而延誤供款，我們建議閣下毋須設定限額。如未有說明限額，付款銀行會將限額設定為“不設上限”。 As the amount of each debit may vary, you are not recommended to set the limit to avoid any unaccepted autopay that leads to delay in contribution settlement. If limit is not specified, the debtor's bank will set it as "unlimited".		
此欄只適用於參與僱主 Applicable for participating employer only			
本人/吾等選擇於每次完成直接付款指示後以下列一種途徑收取供款收據: I/We choose one of the following means for receiving contribution receipt after completing each direct debit transaction:-			
<input type="checkbox"/> 經傳真號碼 Send a contribution receipt to me/us via my/our facsimile number at _____			
<input type="checkbox"/> 經電子郵件 Send a contribution receipt to me/us via my/our email at _____			
<input type="checkbox"/> 經信函郵遞至本人/我們之通訊地址。 Send a contribution receipt to me/us at my/our correspondence address.			

* 請刪除不適用者。Please delete whichever is inappropriate.

本人/吾等之簽名 My/Our Signature(s)



授權簽署及公司蓋章(如適用) Authorized Signature(s) with Company Chop (if applicable)

日期 Date

請確保此授權書內之簽名，與銀行賬戶所簽者完全相同。Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

以下由銀行填寫 For Bank Use Only

簽署核實 Signature(s) Verified

公司專用 For Official Use Only

Input by : _____ Date : _____ Verified by : _____ Date : _____

中銀國際英國保誠信託有限公司

香港太古城英皇道 1111 號 15 樓 1507 室

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