



致：信用卡中心  
To：Credit Card Centre

## 直接付款授權書 Direct Debit Authorization Form

請用英文正楷填寫此表格及詳閱以下條款。Please complete this form in BLOCK LETTERS and read all the following terms.

請將正本交回創興銀行任何一間分行。Please submit the original form to any branch of Chong Hing Bank.

閣下須繼續以其他方式繳付創興信用卡之賬項，直至月結單印上“YOUR DESIGNATED BANK ACCOUNT WILL BE DEBITED ON THE ABOVE PAYMENT DUE DATE”為止。

You should settle your Chong Hing Credit Card payment by other means until the message “YOUR DESIGNATED BANK ACCOUNT WILL BE DEBITED ON THE ABOVE PAYMENT DUE DATE” is shown on your statement.

| 受益人名稱<br>Name of Beneficiary        | 銀行編號<br>Bank Number | 分行編號<br>Branch Number | 賬戶號碼<br>Account Number |
|-------------------------------------|---------------------|-----------------------|------------------------|
| 創興銀行有限公司<br>Chong Hing Bank Limited | 041                 | 256                   | 10-281002-3            |

本人 / 吾等現授權下述銀行根據受益人不時給予之指示，自本人 / 吾等之賬戶內轉賬予上述受益人。

I / We hereby authorize the bank named below to effect transfers from my / our account to the above named beneficiary in accordance with such instructions as my / our bank may receive from such beneficiary from time to time.

本人 / 吾等明白本授權書之任何更改或取消，須於更改 / 取消生效日期前最少七個工作天以書面通知，方為有效。通知書並以下述銀行收到為準。該通知書副本應由本人 / 吾等同時送予上述受益人。

I / We agree that any notice of variation or cancellation of this authorization which I / we may give to my / our bank shall be given in writing at least 7 working days prior to the date on which such variation / cancellation is to take effect and such notice is only deemed to be served or given when the same is received by my / our bank named below. A copy of such notice shall also be given to the above named beneficiary by me / us.

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。

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

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)及利息，本人 / 吾等願共同及個別承擔全部責任。

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

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，而銀行可收取慣常之收費，並可隨時以最少一星期書面通知取消本授權書。

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, at 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 at least one week's written notice.

本人 / 吾等選擇以下結賬方式繳付下述賬戶之月結單：(請於適當方格內加上“√”號)

I / We choose the following payment option to settle the monthly account(s) specified below: (Please place a “√” in the appropriate box)

月結單總結欠 Full Statement Balance (F)

最低還款額 Minimum Payment (M)

| 銀行名稱 Bank Name | 分行名稱 Branch Name | 銀行編號<br>Bank Number | 分行編號<br>Branch Number | 本人 / 吾等之賬戶號碼<br>My / Our Account Number |
|----------------|------------------|---------------------|-----------------------|---|
|                |                  |                     |                       |   |

| 本人 / 吾等在月結單 / 存摺上所紀錄之名稱<br>My / Our name(s) as recorded in Statement / Passbook | 香港身份證 / 護照號碼<br>HKID Card / Passport Number | 本人 / 吾等在月結單 / 存摺上所紀錄之地址<br>My / Our address as recorded in Statement / Passbook |
|---|---|---|
|   |   |   |

創興信用卡賬戶號碼：(債務人參考)

持卡人姓名

Chong Hing Credit Card Account Number: (Debtor's Reference)

Name of Cardholder

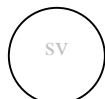
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付款銀行祇需登記上述賬戶之首 14 個數字為債務人參考編號即可。

For paying bank, please set up the first 14-digit(s) of the above account number(s) as debtor's reference(s) in your record.

本人 / 吾等之簽署 \*My / Our signature(s) \*



X

\*簽名必須與閣下之銀行賬戶簽名相符。

\*Signature(s) must conform to that / those of bank account.

日期 Date