

請用英文大楷填寫並將授權書交給華僑銀行卡務中心（香港郵政總局郵箱514號）

Please complete in BLOCK LETTER and return this form to OCBC Card Centre (GPO Box 514, Hong Kong)

* 必須填寫的欄目。

* The field is mandatory to be completed.

1 受益人資料 Beneficiary Information

受益人*

The Beneficiary*

OCBC Bank (Hong Kong) Limited – Card Centre

銀行編號 分行編號 收款賬戶之號碼

Bank No. Branch No. Account to be Credited

0 3 5 - 8 0 2 - 9 6 0 9 4 2 3 4 4

2 附加資料 Additional Information

持卡人姓名*

Name of Cardholder*

卡賬戶號碼*

Card Account Number*

付款指示*

Payment Instruction*

☐ 全數金額 Full Payment

☐ 最低付款額 Minimum Payment

☐ % 月結單結欠 % of Statement Balance**

請在適當方格內加上「✓」（請確保戶口有足夠結存作自動轉賬付款之用）。

Please "✓" if appropriate (Please allow sufficient fund in the account for repayment by autopay).

**註：百分比必須為整數。若以此百分比計算之款額低於「最低付款額」時，付款額將調整至「最低付款額」。

**Note: Percentage rate should be in whole number. If the payment amount calculated from the designated percentage rate is less than the "Minimum Payment", the payment amount will be adjusted to "Minimum Payment".

本人/吾等同意於到期付款日按上述方式付款。

The above payment method will be used on each payment due date.

3 重要事項 Important Notes

本人/吾等現授權本人/吾等之下述銀行，（根據受益人及/或代理行或其往來銀行不時給予本人/吾等銀行之指示）自本人/吾等之賬戶內轉賬予上列賬戶。

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 and / or its banker's correspondent from time to time.

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 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)，本人/吾等願共同及各別承擔全部責任。

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).

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。

I/We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorised, 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.

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/更改生效日最少七個工作天之前交予本人/吾等之銀行。

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 7 working days prior to the date on which such cancellation / variation is to take effect.

本人/吾等明白本授權書需時最多四十個工作天處理，本人/吾等同意於此授權書未生效前直接繳付所有到期之款項。

I/We understand that this Direct Debit Authorization needs up to 40 working days for processing. I/We agree to make all payments directly before the arrangement is in order.

4 付款銀行 To Debit From

本人(等)之銀行*

My/Our Bank Name*

銀行編號 分行編號 本人(等)之賬戶號碼*

Bank No. Branch No. My/Our Account No.*

本人(等)在結單/存摺上所記錄之地址

My/Our Address as recorded on Statement/Passbook

本人(等)在結單/存摺上所記錄之名稱*

My/Our Name as recorded on Statement/Passbook*

債務人參考（由受益人填寫）

Debtor's Reference (to be filled by the Beneficiary)

5 簽署 Signature

戶口持有人簽名（簽署必須與銀行賬戶印鑑相同）請於方格內簽署。

Signature of the Account Holder(s) (Please use the signature(s) filed with the Bank) Please sign within the box.

日期 日期（日/月/年）

Date DD/ MM /YY

/ /

銀行專用 For bank's use

CIF No. (if applicable)

SV/WIT Handled by

SV/WIT App by

Remarks