



收款人之一方(受益人) Name of Party to be credited (The Beneficiary) 中國銀行澳門分行 Bank of China, Macau Branch
聯豐亨人壽保險股份有限公司 大豐銀行股份有限公司 Tai Fung Bank Limited
Luen Fung Hang Life Limited 華僑永亨銀行股份有限公司 OCBC Wing Hang Bank Limited

申請人姓名 Applicant Name:	*供內部填寫 For Internal Use Only												
	計劃編號 Scheme No.:												

銀行戶口 Bank Account

本人(等)/本公司茲授權 貴銀行, 根據聯豐亨人壽保險股份有限公司(以下簡稱公司)不時給予 貴行之指示, 在本人(等)/本公司於 貴銀行開立之帳戶(帳戶號碼附誌如下)內支取款項, 繳付上述公司的有關費用, 直至另行書面通知為止。

本人(等)/本公司知悉及遵守下述條款辦理:

1. 貴銀行接到公司的付款通知即可支付, 款項按公司所提供之金額扣除。
2. 如該帳款未能自本人(等)/本公司之銀行帳戶內支付, 一切責任及後果, 概與 貴銀行無涉。
3. 如有任何令授權書失效之變更, 本人(等)/本公司必須書面通知 貴銀行, 貴銀行在收到書面通知前, 本授權書繼續有效。但如本人(等)/本公司之銀行帳戶連續兩次因帳戶可用餘額不足而未能支付帳款, 則 貴銀行有權不經通知而撤銷此項授權。
4. 貴銀行有權徵收服務費用, 並可由本人(等)/本公司之銀行帳戶內支付。
5. 銀行認為必要和適當時, 不必通知或取得本人(等)/本公司同意有權將有關的帳戶資料披露給其他機構。
6. 本人(等)/本公司同意 貴銀行無義務確定該等支款通知是否已交予本人(等)/本公司。
7. 本人(等)/本公司願共同及各別承擔因該等支款而令本人(等)/本公司之銀行帳戶出現透支(或令現時透支增加)之全部責任。
8. 本人(等)/本公司同意如由於本授權書並非直接交予 貴銀行以致本授權書上所載之資料披露予第三者知悉, 由此引起之任何法律或其他經濟責任由本人(等)/本公司承擔概與 貴銀行無涉。

I / We hereby authorize the Bank to effect transfers from my / our account specified below to the account of the above named beneficiary (hereinafter referred to as "the Beneficiary"), details of which specified below, such sum or sums as the Beneficiary may from time to time advise the Bank. This authorization shall remain valid until further notice.

I / We further agree that:

1. The Bank may effect transfers from my said account such sum or sums as advised by the Beneficiary at any time with immediate effect.
2. Under no circumstances shall the Bank be held responsible for any consequence(s) as a result of unsuccessful transfer of fund(s) from my / our said account.
3. Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank. For 2 consecutive times, transfers are not effected due to no sufficient available fund in my / our said account, the Bank may at its own discretion not to comply with or act further with this authorization without notice to me / us.
4. Service charge of the Bank will be debited from my / our said account.
5. The Bank may disclose details of my / our said account to any other third party if the Bank finds it necessary and appropriate.
6. The Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us.
7. 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) shall be jointly and severally accepted by me / us.
8. If this "Direct Debit Authorization Form" is not directly sent to your bank, I/We/Our company agree to take all the legal or/and economical responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances your bank shall be responsible.

帳戶持有人 Account Holder:	身份證明文件種類 ID Type <input type="checkbox"/> 澳門身分證號碼 Macau ID No. _____ <input type="checkbox"/> 護照號碼 Passport No. _____ <input type="checkbox"/> 商業登記號碼 Business Registration No. _____ <input type="checkbox"/> 其他 Others _____	
本人(等)之帳戶號碼 My A/C No.	貨幣單位 Currency	本人(等)之簽名 My / Our Signature (簽名須與帳戶相同) (Signature(s) should correspond with the account signature)
	MOP	日期 Date:

本公司已核對上述資料正確及見證帳戶持有人簽署本授權書

公司蓋章及簽名
Company Chop & Signature

請注意:

1. 若對本授權書之解釋有任何爭議, 以中文為準。
2. 本人(等)/本公司授權 貴銀行可根據自動扣帳當天 貴銀行所指定的匯率將轉帳款項兌換成受益人指定之收款貨幣。
3. 本人(等)/本公司保證在此授權書內之簽名與銀行帳戶所簽者完全相同。

Please note:

1. Should any disagreement arise in respect to the interpretation of this Authorization, the relevant clause as expressed in Chinese will apply.
2. The Bank shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank.
3. I / We ensure that I / we sign the form in the usual way in which I / we would sign on my / our Bank Account.

銀行專用 For Bank Use Only

主管	覆核	經辦	備註:
			<input type="checkbox"/> 上述申請已由系統自動取銷。取銷日期: _____ <input type="checkbox"/> 上述申請已由客戶要求取銷, 取銷表格附後。取銷日期: _____