

致：華僑永亨銀行卡務中心(香港郵政總局郵箱 514 號)
To: OCBC Wing Hang Bank Card Centre (G.P.O. Box 514, Hong Kong)

請以正楷填寫並交回本行任何一間分行或寄回卡務中心。
 Please complete in BLOCK LETTERS and return to one of our branches or mail to Card Centre.

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| 受益人 The Beneficiary OCBC Wing Hang Bank Limited - Card Centre | 銀行編號 Bank No. 0 3 5 | 分行編號 Branch No. 8 0 2 | 收款賬戶之號碼 Account to be Credited 9 6 0 9 4 2 3 4 4 |
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| 持卡人姓名 Name of Cardholder | 卡賬戶號碼 Card Account Number |
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- 直至日後通知為止，本人（等）現授權本人（等）之下述銀行（“銀行”）可根據華僑永亨銀行（“受益人”）不時給予銀行之指示，自本人（等）之賬戶內轉賬予受益人。
- 本人（等）同意銀行毋須證實該等轉賬通知是否已交予本人（等）。
- 如因該等轉賬而令本人（等）之賬戶出現透支（或令現時之透支增加），本人（等）願承擔全部責任。
- 本人（等）同意如本人（等）之賬戶並無足夠款項支付該等轉賬時，銀行有權不予轉賬，且銀行可向本人（等）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。
- 本人（等）同意本人（等）取消或更改本授權書之任何通知，需於取消或更改生效日期最少七個工作天之前交予銀行。
- 除另外通知外，本人（等）同意於到期付款日按下述方式付款（請選其中一項）：
 全數金額 最低付款額 ____ % 月結單結欠 **
 註：** 百分比必須為整數。若以此百分比計算之付款額低於「最低付款額」時，付款額將調整至「最低付款額」。
- 在直接付款生效前，本人（等）會以其他方式繳付有關賬項。

- Until further notice, I/we hereby authorize my/our below named Bank (“the Bank”) to effect transfers from my/our account to that of OCBC Wing Hang Bank (“the Beneficiary”) in accordance with such instructions as the Bank may receive from the Beneficiary from time to time.
- I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- I/We 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, the 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.
- I/We agree that any notice of cancellation or variation of this authorization which I/we may give to the bank shall be given at least 7 working days prior to the date on which such cancellation or variation is to take effect.
- Unless otherwise instructed, the following payment method will be used on each payment due date (please tick the appropriate one):
 Full Payment Minimum Payment
 _____ % of Statement Balance**
 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”.
- Prior to the effective date of the direct debit authorization, I/we will make payment by other means.

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| 付款銀行 TO DEBIT FROM | | | |
| 銀行及分行名稱 Bank Name and Branch Name | 銀行編號 Bank No. | 分行編號 Branch No. | 賬戶號碼 Account No. |
| 戶口持有人在結單/存摺上所記錄之地址 Address of Account Holder(s) recorded on statment/passbook | 戶口持有人名稱（請以英文正楷填寫） Name of the Account Holders (in English BLOCK LETTER) | | |
| | 債務人參考（由受益人填寫） Debtor’s Reference (to be filled by the Beneficiary) | | |

S.V.

戶口持有人簽署（簽署必須與銀行記錄相同）
 Signature of the Account Holder(s)
 (Please use the same signature as that of the Bank’s record)

日期
 Date