直接付款授權書 DIRECT DEBIT AUTHORISATION FORM

請詳閱以下所有條款,然後將已填妥及簽署的表格交回香港郵政總局信箱9011號星展銀行(香港)有限公司。

Please read all the following terms before signing and returning the completed form to DBS Bank (Hong Kong) Limited, G.P.O. Box 9011 HK.

收款人之一方 (「受益人」) Name of party to be credited ("Beneficiary") 星展銀行 (香港) 有限公司

DBS Bank (Hong Kong) Limited

收款賬戶之號碼(由本行填寫)

A/C No. to be Credited (For office use only)

本人/吾等現授權下述銀行(「銀行」)根據受益人不時給予本人/吾等之銀行之指示,自本人/吾等之賬戶內轉賬予受益人。

本人/吾等同意本人/吾等之銀行毋須證實本人/吾等有否就任何轉賬獲得 通知。

如該等轉賬令本人/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。

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/ 更改生效日最少三個工作天之前交本人/吾等之銀行。

本人/吾等同意,儘管(i)受益人基於任何原因不時予以下述信用卡戶口 新的替代號碼;或(ii)以下任何持卡人基於任何原因已不是有關信用卡之 持有人,本授權書將仍然全面生效及有效。

I/We hereby authorise the bank name below "Bank" to effect transfers from my/our account to that of the Beneficiary in accordance with such instructions as my/our Bank may receive from the Beneficiary form 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 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 authorisation at any time on one week's written notice.

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least three working days prior to the date on which such cancellation/variation is taken effect. I/We agree that this direct debit authorisation shall remain in full force and effect notwithstanding (i) any replacement account number(s) being assigned by the Beneficiary from time to time for whatever reasons to any of the Credit Card Account(s) specified below; or (ii) that any of the undernamed Cardholder(s) shall for whatever reasons have ceased to be a holder of the respective Credit Card(s).

本人/吾等選擇以下付款方式繳付下述信用卡戶口之結單總結欠(請於適當方格內加"/"號):

I/We choose to settle the statement balance of statements of the following Credit Card Account with the following payment option. (Please "\sqrt{"}" where appropriate):

	-1-1-1-1
□全數繳付 Full Payment	或 or
□最低付款額 Minimum Payment	或 or
□結單總結欠的	
% (5 – 99)*	

of statement balance

* 必須為整數 must be an integer

如你未有在此選擇付款方式,或如你選擇按結單總結欠的 百份比付款但未有指明有關百份比,則當作選擇全數繳付 下述信用卡戶口之結單總結欠。

If no payment option is indicated, or if you have chosen to pay a percentage of statement balances but failed to specify the relevant percentage, you will be deemed to have chosen to settle the statement balance of statements of the following Credit Card Account with Full Payment.

下列各欄均須填寫 All fields are mandatory 設立於受益人之信用卡戶口號碼 Credit Card Account No. with the Beneficiary

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;	持卡	. 人 t	性名	Ca	rdh	olde	er's	Nar	ne	

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch									
銀行編號 Bank No.									
本人/吾等在結單/存摺上所紀錄之名稱 My/Our name as recorded on Statement/Passbook									
□身份證號碼 I.D. Card No. 或 or □護照號碼 Passport No.									
X									
簽署 Signatu	re	日期 Date							

本人/吾等聲明以上簽名與本人/吾等銀行賬戶之簽名式樣完全相同。 本人/吾等同意本人/吾等之個人資料將根據星展銀行集團香港業務資料 政策通告而使用,有關資料政策通告可向分行或致電客戶服務熱線 零取。

I/We confirm the above signature(s) is/are correspond with specimen signature(s) of my/our bank account.

I/We agree my/our personal data shall be used in accordance with the DBS Bank Group Data Policy Notice for Hong Kong Operations, a copy of which is available at branches or by calling the Customer Services Hotline.

請注意下列對你有約束力的條款:

- (1)倘若上述之銀行未能自動轉付上述選擇之付款方式之全部金額,你須 負責在到期繳款日前繳付有關結欠。
- (2) 凡上述銀行拒絕辦理自動轉賬付款,受益人有權向持卡人收取 服務費。
- (3) 如你曾簽署任何直接付款授權書予受益人以繳付以上任何信用卡之 賬項,現予取消。
- (4)你填妥及交回授權書後,請繼續照常以其他方式包括現金或支票付款 予受益人,直至月結單上印有「自動轉賬」為止。
- (5)如你選擇償還結單總結欠的一個固定百份比而該金額少於有關結單之 最低付款額,我們將會就該結單從上述銀行戶口扣除最低付款額。

Please note the following terms which shall be binding on you:

- (1) If the Bank fails to process a direct debit to your account for the full amount due in accordance with the payment option you have chosen above, you will be responsible for payment of the outstanding balance before the payment due date.
- (2) For each direct debit authorisation refused by the Bank, a service fee will be charged by the Beneficiary.
- (3) All direct debit authorisations, if any, previously signed by you to the Beneficiary for settlement of payment due under any of the above credit card account are hereby cancelled.
- (4) After you have completed and returned this direct debit authorisation to the Beneficiary, you shall continue to settle your monthly statements by other means, including by cash or cheque, until you receive a statement with the message "AUTOMATIC PAYMENT".
- (5) If you have chosen to repay a fixed percentage of the statement balance and such amount is smaller than the minimum payment for a statement, we will debit the minimum payment from the above bank account in respect of that statement.

如有任何疑問,請致電24小時客戶服務熱線2290 8888。

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If you have any queries, please call our 24-hour Customer Services Hotline 2290 8888.

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REFERENCE		ENTERED BY	CHECKED BY	DATE
NUMBER	SYSTEM UPDATE			
	REMARKS			

Hong Kong/TNO/CGO/0020 (11/12)