

Cashline

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

Beneficiary	A/C No. to be Credited (For office only)				
DBS Bank (Hong Kong) Limited	016-370-901500479				

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from 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 authorized, 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.

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

I/We agree that this direct debit authorization shall remain in full force and effect notwithstanding any replacement account number being assigned by the beneficiary from time to time for whatever reasons to the Cashline Account specified below.

I/We choose the following payment option to settle the monthly account(s) specified below:-

☐ Full Paymen Cashline Account	t No. with the benefi	ciary	☐ Minimum Payment Cashline Account Name							
My/Our Bank Name a	nd Branch		Bank No.	nk No. Branch No. N		My/Our Bank A/C No.				
			l			1	I			
My/Our name as reco	rded on Statement	/Passbook	I. D. Card No	o./Passport No.						
			Date							
X										
I/We confirm the above	e signature(s) is/are o	correspond with specimen signature	e(s) of my/our	– bank account.						
		used in accordance with the DBS B. Customer Service Section.	ank Group Da	ata Policy Notic	ce for Hong	Kong Op	eratio	ns, a co	py of	
Please note the followin	g terms which shall	be binding on you:-								
		s a direct debit to your account for anding balance before the payment		ınt due under t	the payment	t option s	tated a	above,	you will	
(2) For each direct debi	: authorization refus	sed by the Bank named above, a ser	vice fee will b	e charged by D	DBS Bank (H	ong Kong) Limit	æd.		
(3) All direct debit auth are hereby replaced		reviously signed by you to DBS Ban authorization.	ık (Hong Kong	g) Limited for s	settlement o	of the abo	ove Ca	shline .	Account	
	ly statement receive	this direct debit authorization to I d from DBS Bank (Hong Kong) Limi								
Note : If you have any q	ueries, please contac	t our Customer Service Section at 22	290 8888.							
Debtor's Reference										
		FOR OFFICE	ONLY							
REFERENCE NUMBER		ENTERED BY		CHECKED BY			DA	TE		

SYSTEM UPDATE

REMARKS