生效日期 $Effective\ Date\ (\text{DD/MM/YYYY})$



收款人(受益人)名稱

Beneficiary's Name

致: 創興銀行有限公司 日期

To: Chong Hing Bank Limited Date:_

直接付款授權更改 / 註銷表格

Direct Debit Authorisation Amendment / Cancellation Form

付款人編號

Debtor's Reference

本人(等)/本公司現授權創興銀行有限公司(銀行)更改/註銷下列之直接付款授權:

I/We hereby authorize Chong Hing Bank Limited (the Bank) to amend / cancel the following direct debit authorisation(s):

註銷 Cancellation

1.						
2.						
3.						
4.						
更词	发 Amendment					
1.	收款人(受益人)名稱 Beneficiary's Name		1	付款人編號 Debt	or's Reference	生效日期 Effective Date (DD/MM/YYYY)
		□ 每次付款最高限額 Maximo	um Limit for Each Payı	ment		
	更改類別	□ 到期日 Expiry Date (DD/MM/YYYY)				
	Amendment Type	□ 付款人編號 Debtor's Reference				
2.	收款人(受益人)名稱 Beneficiary's Name			付款人編號 Debt	or's Reference	生效日期 Effective Date (DD/MM/YYYY)
		□ 每次付款最高限額 Maximu	=	ment		1
	更改類別	□到期日 Expiry Date (DD/MM/YYYY)				
	Amendment Type	□ 付款人編號 Debtor's Reference				
3.	收款人(受益人)名稱 Beneficiary's Name		1	付款人編號 Debt	or's Reference	生效日期 Effective Date (DD/MM/YYYY)
						•
		□ 每次付款最高限額 Maximu	um Limit for Each Pays	ment		
	更改類別 Amendment Type	□ 每次付款最高限額 Maximu □ 到期日 Expiry Date (DD/MM		ment		

- I/We understand that the Bank shall process my / our Direct Debit Authorisation amendment / cancellation request within 2 working days of the receipt date. 2.
- 本人(等)/本公司明白 貴銀行將會根據銀行最新之銀行服務收費表從本人(等)/本公司之相關賬戶中扣除更改自動轉賬申請之手續費。
 I/We understand the Bank will deduct the handling charges from my / our related account for the Direct Debit Authorisation amendment request according to the Bank's current Bank Service Charges Schedule.

客戶簽署 Customer Signature(s)	_	客戶名稱 Name of Customer(s)
S.V	·)	賬戶號碼 Account Number
		聯絡電話號碼 Contact Telephone Number

本表中文譯本如與英文本文義有歧異者,就歧異之範圍概以英文本爲準。

If there is any discrepancy between the English and Chinese Versions in this form, the English version shall prevail to the extent of such discrepancy.

銀行専用	Handling branch	Processed by	Completion Date
For the Bank's Use Only			