

致 :信用卡中心

To : Credit Card Centre

信用卡自動櫃員機服務指示 Credit Card ATM Facilities Instruction(s)

請將已填妥之表格傳真至 3768 1818 或寄回香港郵政總局信箱 11339 號或交回就近創興銀行分行。

Please return the comple	eted form either by fax to 3768 1818 or by post to G.P.O. B	ox 11339, Hong Kong or by visiting you	r nearest Cho	ong Hing Bar	nk Branch.
持卡人姓名		日間聯絡電話號碼			
Cardholder's Name		Day Time Contact Telephone Number	er(s)		
		Buj Time Contact Telephone Flumes	21(0)		
信用卡號碼	-	1 - 1 1 1 1 1			
Credit Card Number					
	述信用卡賬戶於自動櫃員機所提供之服務如 ne ATM facilities of the above credit card account as below				
	除 (*請刪去不適用者) 本人以下之創興銀行 港				
*ADD / DEI	LETE (*please delete as inappropriate) my Chong Hing Ba	ank HKD Current Account listed below	:		
往來賬戶 Current Acco Number (CUI	ount	簽署 Signature		sv) -
	ount		:	SV)
I understand and a Limited (the "Bank	意按照創興銀行有限公司(「銀行」)所訂 agree that the usage of the ATM facilities is subject to t k").				ank
日期 Date:	ardinolder 8 Signature				
備註 Remarks:					
	田卡由語表記錄相符。			銀行専用	
(1) 簽署須與信用卡申請表記錄相符。Signature must conform to that on the credit card application form.			戴仃寺川 For the Bank's Use Only (PCPS)		
For the Bank's Use Only H06				пу (ГСГЭ)	
(2) 新增之賬戶	並不適用於聯名及公司賬戶。		SV	INP	VER
	al account(s) is / are not applicable to joint name accounts	and company accounts.	Sign	Sign	Sign