

直接付款授權書
Direct Debit Authorization Form

自動轉賬服務

Autopay
Chong Hing
Credit Card

CHONG HING BANK LIMITED
CREDIT CARD CENTRE
P. O. BOX 11339
GENERAL POST OFFICE
HONG KONG

請在此貼郵票
Please Affix
Stamp Here

 創興銀行有限公司
Chong Hing Bank Limited

請塗膠水封口 Please glue and seal

請將填妥之表格交回任何一間創興銀行分行或寄回創興銀行信用卡中心香港郵政總局信箱11339號。
Please complete and return this form to any Chong Hing Bank branches or mail to Chong Hing Bank Credit Card Centre, P.O. Box 11339, General Post Office, Hong Kong.

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請用英文大楷填寫此表格及詳閱以下條款。
閣下須繼續以其他方式繳付創興信用卡之賬項，直至月結單印上「自動轉賬繳付」或類似字句。

Please complete this form in **BLOCK LETTERS** and read the following terms. You should settle your Chong Hing Credit Card payment by other means until the message "SETTLED BY AUTOPAY" or words similar in meaning is shown on your statement.

受益人名稱 Beneficiary	銀行編號 Bank No.	分行編號 Branch No.	賬戶號碼 Account No.
創興銀行有限公司 Chong Hing Bank Limited	041	256	10-281002-3

聲明

本人/吾等現授權下述銀行根據受益人不時給予之指示，自本人/吾等之賬戶內轉賬予上述受益人。
本人/吾等明白任何更改或取消本授權書，須於更改/取消生效日期前最少五個工作天以書面通知，方為有效。通知書並以下述銀行收到為準。該通知書副本應由本人/吾等同時送予上述受益人。
本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。
如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)及利息，本人/吾等願共同及個別承擔全部責任。
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，而銀行可收取慣常之收費，並可隨時以最少一星期書面通知取消本授權書。
本授權書將繼續生效直至另行通知為止。

Declaration

I/We hereby authorize the bank named below to effect transfers from my/our account to the above named beneficiary in accordance with such instructions as my/our bank may receive from such beneficiary from time to time.
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 in writing at least 5 working days prior to the date on which such cancellation/variation is to take effect and such notice is only deemed to be served or given when the same is received by my/our bank named below. A copy of such notice shall also be given to the above named beneficiary by me / us.
I/We agree that my/our bank shall not be obliged to ascertain whether or not notice of any such transfer(s) has been given to me/us.
I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) and interest 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, at its discretion, not to effect such transfer in which event my/our bank may make the usual charge and that it may cancel this authorization at any time by giving at least one week's written notice.
This authorization shall have effect until further notice.

本人/吾等選擇以下結賬方式繳付月結單(請於適當方格內加上“√”號及填寫百分比,如適用) I/We choose the following payment option to settle the Statement(s) (Please “√” in the appropriate box and complete percentage, as appropriate):

<input type="checkbox"/> 月結單結欠 Statement Balance (1)	<input type="checkbox"/> 最低還款額 Minimum Payment (0)	<input type="checkbox"/> <input type="text"/> % 之月結單結欠 of Statement Balance (2)
註: 若閣下信用卡月結單之「最低還款額」高於所指示之百分比, 本行將以「最低還款額」透過自動轉賬繳付。 Remark: if the "minimum payment" of your credit card statement is higher than the percentage you instructed, the Bank will settle the "minimum payment" by autopay instead.		

銀行名稱 Bank Name

分行名稱 Branch Name

銀行編號 Bank No. 分行編號 Branch No.

本人/吾等之賬戶號碼 My/Our Account No.

本人/吾等在銀行月結單/存摺上所紀錄之名稱
My/Our name(s) as recorded on Bank Statement/Passbook

本人/吾等在銀行月結單/存摺上所紀錄之地址
My/Our address as recorded on Bank Statement/Passbook

債務人參考(即閣下之創興信用卡賬戶號碼)
Debtor's Reference (i.e. your Chong Hing Credit Card Account Number)

持卡人姓名
Name of Cardholder

註: 閣下如欲以自動轉賬繳交其他創興信用卡之賬項, 必須分別填寫個別創興信用卡主卡賬戶號碼。
Remark: If you wish to settle payment of other Chong Hing Credit Card(s) by autopay, please fill in individual Chong Hing Credit Card Principal Card account number(s) separately.

本人/吾等之簽署 * My/Our signature(s)*

S.V.

X

*簽名必須與閣下之銀行賬戶簽名相符 *Signature(s) should conform to the specimen signature(s) of the bank account

日期 Date

客戶服務熱線 Customer Services Hotline: 3768 8888

越秀集團成員
A Member of Yuexiu Group

請塗膠水封口 Please glue and seal

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