

致：信用卡中心
 To：Credit Card Centre

信用卡服務更改指示表格 Credit Card Services Change Instruction(s) Form

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 completed form either by fax to 3768 1818 or by post to G.P.O. Box 11339, Hong Kong or by visiting your nearest Chong Hing Bank Branch.

持卡人姓名 Cardholder's Name	日間聯絡電話號碼 Day Time Contact Telephone Number(s)
信用卡號碼 Credit Card Number	

請以英文正楷填寫及選擇服務 Please complete in **BLOCK LETTERS** and select service(s):

以下服務類別必須由主卡持卡人簽署授權。

THE FOLLOWING TYPES OF SERVICES MUST BE AUTHORIZED BY THE PRINCIPAL CARDHOLDER.

更改地址資料 Change address details:

- ☐ 住宅及通訊地址* Residential & Correspondence address ☐ 通訊地址* Correspondence address ☐ 住宅地址 Residential address
 注意：郵政信箱恕不接納 Attention: P.O. Box is not acceptable.

☐ 更新個人資料 Update personal details:

住宅電話號碼 _____ 手提電話號碼# _____ 辦事處電話號碼 _____
 Home telephone number _____ Mobile phone number _____ Office telephone number _____
 現職機構名稱 _____ 現職職位 _____
 Name of present employer _____ Present job title _____

☐ 啟動/停用信用卡「非出示卡交易」(請刪去不適用者) Enable/disable credit card "Card-Not-Present Transaction" (please delete as inappropriate)

☐ 有關直接付款授權服務 Direct debit authorization services related:

- ☐ 取消服務(注意：生效日期約為本信用卡中心收到此指示後五個工作天) Cancellation of services (Note: The effective date will be approximately 5 working days after our Credit Card Centre's receipt of such instruction)
☐ 更改支付金額為「月結單結欠」/「最低還款額」/「月結單結欠之 _____ %」*(請刪去不適用者及/或填上百分比) Change the payment amount to "Statement Balance" / "Minimum Payment" / "_____ % of Statement Balance" (please delete as inappropriate and / or fill in a percentage)

☐ 退回信用卡結餘港幣/人民幣® _____ 至本人之創興銀行賬戶號碼 _____
 Refund the credit balance of HKD / CNY _____ to my Chong Hing Bank's account number _____

以下服務類別如選用於附屬卡，此表格可由附屬卡或其主卡持卡人其中一位簽署授權。

IF THE FOLLOWING TYPE(S) OF SERVICE(S) IS / ARE SELECTED FOR THE SUPPLEMENTARY CARDHOLDER, THIS FORM CAN BE AUTHORIZED BY EITHER THE SUPPLEMENTARY CARDHOLDER OR PRINCIPAL CARDHOLDER.

☐ 補發新卡(請指示領卡方法)® Request for replacement card (please indicate card collection method)

請將新卡寄往 Please send the replacement card to:

- ☐ 本人之月結單地址 _____ 或 ☐ _____ 分行待本人領取
 My statement address _____ or _____ Branch for my collection

☐ 補發私人密碼 Re-issue Personal Identification Number (PIN)

☐ 其他(請註明) Others (please specify) _____

X

持卡人簽署 Cardholder's Signature

(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)

日期 Date:

備註 Remarks:

* 若閣下於本行持有其他以相同身份證明文件號碼開立之個人信用卡賬戶，此新通訊地址將同時適用於該等賬戶。If you have maintained any other personal credit card account(s) with the Bank under the same Identification Document Number, this new correspondence address will also apply to these account(s).

適用於網上交易及接收交易提示。Applicable to internet transaction and receipt of transaction SMS.

+ 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。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.

@ 本行將從閣下上述信用卡賬戶直接扣除有關費用。The related service charge will be debited from your above credit card account directly.

請交回舊卡

Please return the old card

銀行專用 For the Bank's Use Only (PCPS)	
LTR: H09 / F10 / BR	
SV Sign	INP Sign
WF Sign	VER Sign