

直接付款授權書
Direct Debit Authorization Form



投保申請書編號 / 保單編號 Application No. / Policy No.			
保單權益人姓名 Name of Policyowner		被保人姓名 Name of Insured	
代理人姓名 Agent Name		代理人編號 Agent Code	
代理銀行 Servicing Bank			

本人/吾等現授權本人/吾等之下述銀行，(根據受益人不時給予本人/吾等銀行之指示)自本人/吾等之戶口轉賬予香港人壽保險有限公司。

本人/吾等同意本人/吾等之銀行無須證實該等轉賬通知是否已交予本人/吾等。

本人/吾等同意本人/吾等之戶口出現透支(或令現時之透支增加)，本人/吾等願共同及個別承擔全部責任。

本人/吾等確定，本人/吾等於本授權書上之簽名，與本人/吾等支付該等轉賬之儲蓄/往來銀行戶口所簽者完全相同。

本人/吾等同意給予香港人壽保險有限公司任何更改銀行戶口或取消付款方法之通知，並且同意如本人/吾等之戶口並無足夠款項支付該等授權轉賬時，本人/吾等之銀行有權不予轉賬，且銀行可向本人/吾等收取慣常之收費。

本授權書將生效直至另行通知為止。

本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行，並須同一時間將該通知交予香港人壽保險有限公司。

I/We hereby authorize my/our below named bank to effect transfer from my/our account to that of **Hong Kong Life Insurance Limited** 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 confirm that my/our signature(s) on this authorization form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

I/We agree to notify **Hong Kong Life Insurance Limited** of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

This authorization shall have effect until further 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 two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to **Hong Kong Life Insurance Limited**.

收款人之一方(受益人) Name of party to be credited (The Beneficiary)	香港人壽保險有限公司 Hong Kong Life Insurance Limited											
本人/吾等之銀行及分行名稱 My / Our Bank Name and Branch Name												
本人/吾等之戶口號碼 My / Our Account No.	銀行編號 Bank No.			分行編號 Branch No.			戶口號碼 Account No.					
本人/吾等之姓名 Name of Account-holder(s)	(1)											
	(2)											
戶口持有人之身份證明文件號碼 (如為聯名戶口，請提供所有戶口持有人之身份證明文件號碼) Identity Document No. of Account-holder(s) (For joint account holders, please provide all identity document No.)	<input type="checkbox"/> 香港身份證號碼 HKID No.			<input type="checkbox"/> 護照號碼 Passport No.			<input type="checkbox"/> 商業登記號碼 B. R. No.			<input type="checkbox"/> 其他 Others		
	(1) _____						(2) _____					
戶口持有人與保單權益人之關係 (若戶口持有人並非保單權益人，必須填寫) Account-holder's Relationship with Policyowner (Please state, if account-holder is not Policyowner)												

* 自動轉賬以港幣為單位

All Direct Debits will be made in Hong Kong Dollar

戶口持有人簽署
Signature of Account-holder(s)

日期(日/月/年)
Date (dd/mm/yyyy)