

# Direct Debit Authorisation 直接扣賬授權書



致/To  
BANCO NACIONAL ULTRAMARINO, S.A.

事項: 保險費自動轉帳 — FWD LIFE INSURANCE COMPANY (MACAU) LTD.  
Subject Auto - pay of Insurance Premium

Application type:  New 全新申請  Alteration 更改  Cancellation Instruction 取消服務  
申請類別

姓名:   
Name:

地址:   
Address:

電話號碼:  住宅 /Home  辦公室 /Office  手提電話 /Mobile  
Telephone no:

扣除戶口號碼:  本行專用客戶號碼:   
Account debited: Client CIF n°: (to be filled in by bank)

請 貴行從本人上述賬戶內扣除不多於以下指定之付款限額款項，作為日後支付上述公司的保險費，直至本人另行通知為止。  
Please debit from the above account the amount not exceeding the payment limit as stated below for the purpose of paying the insurance premium to the above company until my/our further notice.

收款賬戶號碼:  **HKD A/C 9001180135**  
Account credited:

付款限額:  港元  
Payment limit: HKD

其它:

倘若上述帳戶結餘不足時，本人同意 貴行無須承擔因未能扣除款項所產生的責任。此表格一經簽署，本人同意接受此項服務之條款。  
In case that the credit balance of the above account is insufficient, I / we agree that your bank is exempted from any responsibility arising from any unsuccessful payment. Once this form is signed, I / we agree to accept the terms and conditions of this service.

(日期/Date)

(客戶簽名/ Client's signature)

Controle

For FWD Use Only FWD專用

Policy Number 保單號碼	Life Insured 被保險人	Policyowner 投保人
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FWD Life Insurance Company (Macau) Limited  
富衛人壽保險 (澳門) 股份有限公司