

Direct Debit Authorisation 直接扣賬授權書



DIRECT DEBIT AUTHORISATION (G33M) 直接付款授權書

Please complete and return this form to the party to be credited. 請填妥此授權書並交予收款之一方

港元帳戶
HONG KONG DOLLARS ACCOUNT

Name of party to be credited (The Beneficiary) 收款人之一方 (受益人) 富衛人壽保險 (澳門) 股份有限公司 FWD Life Insurance Company (Macau) Limited	Account No. to be credited 收款賬戶之號碼 3 1 2 9 7 3 0
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I / We hereby authorise my / our below named Bank to effect transfers from my / our account to that of the above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary from time to time.

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 / 吾等之賬戶內轉賬予上述受益人。

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

本人 / 吾等同意如本人 / 吾等之銀行毋須證實該等轉賬通知是否已交予本人 / 吾等。

I / We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) or my / our account which may arise as a result of any such transfer(s).

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) ，本人 / 吾等願意共同及個別承擔全部責任。

I / We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorised, my / our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.

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，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

This authorisation shall have effect until further notice.

本授權書將繼續生效直至另行通知為止。

I / We agree that any notice of cancellation or variation of this authorisation which I / We may give to my / our Bank shall be given at least one week prior to the date on which such cancellation / variation is to take effect.

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 / 更改生效日期最少一星期之前交予本人 / 吾等之銀行。

I / We understand that all payments under this authorisation are for premiums due under my / our policy / policies with the above named beneficiary as specified below.

本人 / 吾等明白所有根據本授權書之付款均為支付在債務人參考欄內列明由上述受益人發予本人 / 吾等之保單之保費。

Bank Name 銀行名稱 China Construction Bank Corporation Macau Branch 中國建設銀行股份有限公司澳門分行	My / Our Account No. 本人 / 吾等之賬戶號碼		
My / Our Name as recorded on Statement / Passbook 本人 / 吾等在結果 / 存摺上所紀錄之名稱	My / Our Address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上所紀錄之地址		
My / Our Signature(s) 本人 / 吾等之簽名 (Signature(s) must agree with your Bank's Record) (簽名須與銀行賬戶檔案完全相同)	My / Our Macau ID Card / Passport No. 本人 / 吾等之澳門身份證 / 護照號碼	Date 日期	
Debtor's Reference-Policy No. 債務人之參考-保單編號	Name of Life Insured 受保人姓名	Debtor's Reference-Policy No. 債務人之參考-保單編號	Name of Life Insured 受保人姓名
1.		3.	
2.		4.	

For Bank Use Only 銀行專用	S.V. Maker				Officer
Adviser Name 理財顧問姓名	Adviser Code 理財顧問編號	No. of Life Policies 人壽保單數目	No. of Other Policies 其他保單數目	Date 日期	Office Use Only 公司專用
					Captured
					Verified