

Standard Chartered Credit Card Account* Direct Debit Authorization 渣打信用卡戶口*直接付款授權書



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Name of party to be credited (The Beneficiary) 收款之一方(受益人)	(Bank Use Only 以下由銀行填寫) Bank No. _ Branch No. _ Account No. to be credited 銀行編號 分行編號 收款賬戶之號碼
Standard Chartered Bank (Hong Kong) Ltd 渣打銀行(香港)有限公司	<input type="checkbox"/> 003 - 411 - 0-936008-5 Classic VISA Only 普通VISA專用 <input type="checkbox"/> 003 - 411 - 0-936007-7 Others 其他

I/We hereby authorize 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.

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

This authorization shall have effect despite the cancellation of my/our account(s) with the above-named beneficiary 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 2 working days prior to the date on which such cancellation/variation is to take effect. I/We confirm that the information below is true and accurate and agree to be bound by the terms and conditions of the Autopay service of the Beneficiary (a copy of which will be available upon request and the same will be sent to me/us once the application of Autopay has been received by the Beneficiary) including any amendments thereto from time to time.

Unless otherwise instructed, payment shall be settled on the relevant payment due date(s).

If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail.

本人/吾等/本公司現授權本人/吾等/本公司之下述銀行(根據受益人不時給予本人/吾等/本公司之銀行之指示)自本人/吾等/本公司之賬戶內轉賬予上述受益人。本人/吾等/本公司同意本人/吾等/本公司之銀行毋須證實該等轉賬通知是否已交予本人/吾等/本公司。

如因該等轉賬而令本人/吾等/本公司之賬戶出現透支(或令現時之透支增加),本人/吾等/本公司願共同及分別承擔全部責任。

本人/吾等/本公司同意如本人/吾等/本公司之賬戶並無足夠款項支付該等授權轉賬,本人/吾等/本公司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。

本授權書將繼續生效包括於本人/吾等/本公司於取消與受益人開立之信用卡賬戶後,直至另行通知為止。

本人/吾等/本公司同意如本人/吾等/本公司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2個工作天之前交予本人/吾等/本公司之銀行。本人/吾等/本公司證實下列全部資料均屬真實並同意遵守受益人的自動轉賬服務(該等條款可隨時向受益人索取或將於受益人收到自動轉賬服務申請後發出給本人/吾等/本公司)及該等條款不時之修訂。

除另行通知外,款項於「到期繳款日」繳交。

中、英文版本內容如有任何歧義,概以英文版本為準。

Please complete in English BLOCK letters. 請以英文正楷填寫。

My/Our Bank Name and Branch 本人/吾等/本公司之銀行及分行名稱	Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人/吾等/本公司之賬戶號碼
My/Our Name 本人/吾等/本公司之名稱	My/Our Contact No. 本人/吾等/本公司之聯絡電話	HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Others 其他 _____	
My/Our Address 本人/吾等/本公司之地址	My/Our HKID Card/Passport No. 本人/吾等之香港身份證/護照號碼		
Name of Debtor (if other than account holder) 債務人之姓名(若非賬戶持有人)	My/Our Credit Card Account* No. (Debtor's Reference) 本人/吾等/本公司之信用卡戶口* 號碼(債務人參考)		
I/We choose to pay the following amount (See Note 1) 本人/吾等/本公司欲繳付之款額(參閱附註1) Please "✓" the appropriate box below and indicate the percentage if applicable 請在所選之方格內加 "✓" 號及填上適用之百分比	My/Our Signature(s) (See Note 3) 本人/吾等/本公司之簽名(參閱附註3)	Date of Completion 填寫日期	
<input type="checkbox"/> Full Payment 全數款額 (1-1) <input type="checkbox"/> Minimum Payment Due 最低付款額 (0-1) <input type="checkbox"/> Other percentage of New Balance (See Note 2) 新賬項的其他百分比(參閱附註2): <input type="text"/> %	Bank Use Only 銀行專用		Signature Verified 簽署核實

* Including all credit card accounts and installation accounts opened with Standard Chartered Bank (Hong Kong) Ltd.
 包括所有開設於渣打銀行(香港)有限公司之信用卡戶口及分期付款賬戶。

Notes: 1. If you do not specify the amount, the "Full Payment" amount will be debited from your account specified above. 2. Please note that "Minimum Payment Due" will be debited should it be higher than the percentage of "New Balance" as shown on statement. The percentage must be an integer. 3. Please ensure that you sign the form in the usual way that you would sign on your Bank Account. Your full signature is required for any alteration made.

附註: 1. 如貴戶並無指明欲繳付之款額,則本行會從上述指定賬戶扣收「全數款額」。2. 請留意如「最低付款額」高於月結單所載之「新賬項」的百分比,則本行會收取「最低付款額」。請填上整數百分比。3. 貴戶在此授權書內之簽名必須與銀行賬戶之簽名式樣完全相同。如有任何塗改,請附簽署。

Please complete and return this form by fax to 2655 2996 or by mail. Standard Chartered Bank (Hong Kong) Limited will advise you in writing of the effective date. Applicant should send the authorization form to Standard Chartered Bank (Hong Kong) Limited by mail if the Debtor's account name is not the same as the credit card account name. 請依次填寫,並將此授權書傳真至2655 2996或寄回渣打銀行(香港)有限公司。渣打銀行(香港)有限公司將另函通知付款授權生效日期。如繳付賬戶與信用卡賬戶之姓名不同,申請人必須郵寄授權書予渣打銀行(香港)有限公司辦理。	By Fax 傳真 2655 2996 OR 或 By Mail 郵寄
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Issued by Standard Chartered Bank (Hong Kong) Limited 由渣打銀行(香港)有限公司刊發

Please fold here and seal with glue. Do not use staples. 請沿此線對摺及用膠水封口,切勿用釘書釘。

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SCB Card_DDA (12/2012)



**Standard Chartered
Credit Card
Direct Debit Authorization**

**渣打信用卡
直接付款授權書**

SCB Card DDA (12/2012)

POSTAGE
WILL BE
PAID BY
LICENSEE
郵費由
持牌人支付

NO POSTAGE
STAMP
NECESSARY IF
POSTED IN
HONG KONG
如在本港投寄
毋須貼上郵票

**BUSINESS REPLY SERVICE
LICENCE NO. 6478**

Standard Chartered Bank (Hong Kong) Limited
渣打銀行(香港)有限公司
Transaction Processing Unit
P.O. BOX 68397
Kowloon East Post Office
Kowloon

