



GLOBAL COMMUNICATIONS

填寫「直接付款授權書」指引

Guidelines for filling in the "Direct Debit Authorisation" Form

DIRECT DEBIT AUTHORISATION

直接付款授權書

Note : Please complete in **BLOCK LETTERS** and return this form to your banker.

注意：請以正楷填寫，並將此授權書交給貴戶往來之銀行。

Name of party to be credited (The Beneficiary) 收款之一方(受益人)	Bank No 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
HGC Global Communications Limited	0 0 4	5 1 1	1 0 4 5 7 2 0 0 3

I/We hereby authorise my/our below named Bank to effect transfer from my/our account to that of **HGC Global Communications Limited** in accordance with such instructions as my/our Bank may receive from **HGC Global Communications Limited** from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below (if any).

本人 / 吾等現授權本人 / 吾等之以下銀行。(根據環球全球電訊有限公司不時給予本人 / 吾等銀行之指示)自本人 / 吾等之賬戶內轉賬予環球全球電訊有限公司之賬戶。惟每次轉賬金額不得超過以下指定之限額(如適用者)。

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) on 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 / 吾等願共同及各別承擔全部責任。

I/We agree that should there be insufficient funds in my/our Bank 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，且銀行可收取債權之收費，並可隨時以一星期書面通知取消本授權書。

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 seven working days 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，須該取消 / 更改生效日最少七個工作天之前交予本人 / 吾等之銀行。

This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation for a continuous period of 2 years, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation has not expired or there is no expiry date for the authorisation.

本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。本人 / 吾等同意，本人 / 吾等已設立之直接付款授權的戶口連續兩年內未有根據本授權而作出過賬記錄，本人 / 吾等的銀行保留權利取消本直接付款安排而毋須另行通知本人 / 吾等，即使本授權書並未到期或未有註明授權到期日。

Bank Name and Branch 銀行及分行名稱 CHINA BANK	Bank No. 銀行編號 0 1 2	Branch No. 分行編號 8 3 0	Bank Account Number 銀行賬戶號碼 1 0 3 4 5 4 3 9 8
My/Our Name(s) as recorded on Statement/Passbook (In English) 本人 / 吾等在月結單/存摺上所記錄之姓名(請以英文填寫) CHAN SIU MING	Signature(s) of Bank Account Holder(s) 銀行賬戶持有人簽名 陳小明 / Chan Siu Ming		
Corresponding Address of Bank Account Holder 銀行賬戶持有人的通訊地址 FLAT E, 18/F, TOWER 6, PHASE 1 BELVEDERE GARDEN, TSUEN WAN	(Signature(s) Should Correspond With Specimen Signature(s) Of Your Bank Account) (此簽名必須與閣下之銀行賬戶簽名相符)		
# Account Number 客戶號碼 (Debtor's Reference 債務人參考) 9 1 2 3 4 5 6 7 0 0 1	*Limit for Each Payment/Month 每次/月付款的限額 HKS 2000.00		
Subscriber Name 客戶姓名 (Name of Debtor 債務人之姓名) CHAN SIU MING	⊕Expiry Date (day/month/year) 到期日(日/月/年) 02/05/2022	Day-Time Contact Tel No. 日間聯絡電話 91234 5678	Date 日期 15 FEB 2018
For Bank Use Only 銀行專用		Signature Verified 簽名核實	

Remarks: (1) # Compulsory field - Please fill in the Account Number which is shown at the top right hand side of your monthly bill.

備註 此欄必須填寫 - 請依據月結單內右上部份之客戶號碼。

(2) * If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.

如貴戶付款的數額每次可能不相同，則請將最高者定為每次付款的最高限額。

(3) * If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".

如"每次 / 月付款的限額"一欄未有填上，債務銀行會將轉賬限額定為"不設上限"。

(4) ⊕ This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you), please leave box blank.

本直接付款授權書將於"到期日"一欄中所填寫的日期自動撤銷，如貴戶意欲直接付款授權書無限期有效(或直至貴戶予以撤銷為止)，則請將該欄留空。

(5) Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

請確保貴戶在此授權書內的簽名，與銀行戶口所簽者完全相同。

(6) Processing time for setting up the above Direct Debit Authorisation will take about 4-6 weeks. During application period, please use other means to settle payment.

處理上述直接付款授權書之有關申請需時約四至六個星期。在自動轉賬服務生效前，請使用其他方式繳交賬項。

(7) Please refer your monthly statement for Direct Debit Authorisation status.

請參照月結單內自動轉賬之繳付情況。

(8) Any personal data provided in this form will only be used for the purpose of applying Direct Debit.

本表格提供的個人資料只用作申請直接付款繳費服務。

(9) For any enquiries, please contact your above named bank.

如有任何查詢，請與閣下上述指定之付款銀行聯絡。