

**Blue Cross 藍十字**

An AIA Company 友邦保險成員公司

**CREDIT CARD DIRECT DEBIT AUTHORISATION FORM**  
信用卡直接付款授權書

Please complete this Form in English BLOCK letters. Any changes or amendments to this Form should be endorsed by the Cardholder in full signature. 請以英文正楷填寫此表格。如有任何更改或修正，敬請信用卡持有人在更改的位置簽署作實。

I. Policy Details 保單資料				
Policy No. 保單編號				
Name of the Policyholder 保單持有人姓名	Identification Document No. 身份證明文件號碼			
Email Address 電郵地址	Contact Telephone No. 聯絡電話			
II. Declaration 聲明				
<p>i. I/We hereby authorise the Company to effect debits of premium and levy to the Insurance Authority (if applicable), from the credit card account specified below for the above policy, until further written notice is given. 本人/我們現授權貴公司從下列信用卡戶口內提取上述保單之保費及保險業監管局徵費(如適用)，直至本人另行發出書面通知為止。</p> <p>ii. I/We understand that I/we have the right to cancel this authorisation at any time and agree that any notice of cancellation or variation of this authorisation shall be given to the Company at least 2 weeks prior to the effective date of such cancellation/variation. 本人/我們明白本人/我們可隨時通知貴公司取消此授權，並同意該取消或更改本授權書之通知，須於取消/更改生效日最少兩星期之前交予貴公司。</p> <p>iii. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this Form. 本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。</p>				
Name of Cardholder (Surname/Given Name) 信用卡持有人姓名(姓/名)			Identification Document No. 身份證明文件號碼	
VISA/Master Card No. VISA/萬事達卡號碼				
Card Expiry Date 信用卡到期日  MM 月      YY 年			Issue Bank 發卡銀行	
Signature of Cardholder 信用卡持有人簽署  <i>Please ensure that your signature is the same as the specimen signature on your Credit Card. 請確保本欄之簽署與閣下信用卡之簽署樣式相同。</i>			Date (DD/MM/YY) 日期(日/月/年)	
FOR OFFICE USE ONLY 本公司專用				
Reason of Submission	New Business	Reinstatement	Renewal	Others _____
Name of Insured	Seller ID	Branch Chop & No	Authorized Signature	Date (DD/MM/YY)