

## **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。

Policy No. 保單領部 Name of the Policyholder 保單持有人姓名 Email Address Contact Telephone No.  豫符領人姓名 Email Address Contact Telephone No.  豫符領 We hereby authorise the Company to effect debits of premium and keys to the Insurance Authority (if applicable), from the credit card account specified below for the above policy, until further written notice is given.  A / 자랑(政府報告) 전域 Policy P	I. Policy Details 保單資料																			
### Figure 1																				
Email Address 電影地址  II. Declaration 雙現  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 发明词接权强之同能下列信用卡户口序提取上线保置之保股及保険集整管局器費(知趣用),直至本人另行验出最简通知為止。 I. I/We understand that 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 大爱何陈彩已期间之外人爱何可能的数量会可的收集很人资料表明。至何表现现实及本技术搜集之通知,系统取济一度改生效已最少两星期之分子费公司。 II. I/We understood the Company's Personal Information Collection Statement as accompanied with this Form.  本人 大爱何陈彩已期间及项目操本表情附上有朋食公司的收集很人资料提明。  Name of Cardholder (Surname/Given Name)  信用卡约有人姓名(姓子名)  VISA/Master Card No. VISA/高事建卡验碼  International Cardholder (Surname/Given Name)  AMM 月 YY年  Signature of Cardholder  信用卡约有人数署  Date (DD/MM/YY)  日期(日 / 月 / 年)  Please ensure that your signature is the same as the specimen signature on your Credit Card.  请陪保书模之表面则能与任用卡文表面看使工程问题。  FOR OFFICE Use ONLY 本公司專用  Reason of Submission New Business Reinstatement Renewal Others	· · · · · · · · · · · · · · · · · · ·																			
### Bissue Bank    Name of Cardholder (Surmame/Given Name)   MM 月   YY年																				
i. IVe 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/我們現沒権責公司從下列信用卡戶口內提取上提保單之模異及保險業無管周證費(知適用),直至本人另行發出書面通知為止, i. IVe understand that IVes neared 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 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/我們認立國議及明白勝本表格別上有關責公司的收集個人資料聲明。  Name of Cardholder (Surmame/Given Name) 信用卡持有人姓名(姓/名)  VISA/Master Card No. VISA/Mas								· ·												
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By   By   By   By   By   By   By   By	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。  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。  iii. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this Form.																			
Card Expiry Date 信用卡到期日  MM 月 YY年  Signature of Cardholder 信用卡持有人簽署  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。  FOR OFFICE USE ONLY 本公司專用  Reason of Submission New Business Reinstatement Renewal Others																				
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