



# Blue Cross 藍十字

An AIA Company 友邦保險成員公司

## 直接扣賬授權書 Direct Debit Authorisation

貸方公司名稱 Name of Party to be credited <b>BLUE CROSS (ASIA-PACIFIC) INSURANCE LIMITED</b>	銀行號碼 Bank No. <b>0 1 5</b>	分行號碼 Branch No. <b>5 2 1</b>	貸方賬戶號碼 A/C No. to be Credited <b>4 0 0 5 0 1 2 4</b>
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保單號碼 Policy Number	保單持有人英文姓名 Name of Policyholder in English
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<p>聲明：</p> <p>(一) 本人／我們現授權下述銀行，由本人／我們之賬戶轉賬保單之保費及保險業監管局徵費（如適用）予貴公司（根據貴公司不時給予本人／我們銀行之指示），直至本人／我們另行發出通知為止。</p> <p>(二) 本人／我們同意本人／我們之銀行毋須證實該等轉賬通知是否已交予本人／我們。</p> <p>(三) 如因該等轉賬而令本人／我們之戶口出現透支（或令現時的透支增加），本人／我們願共同及個別承擔全部責任。</p> <p>(四) 本人／我們同意如本人／我們之戶口並無足夠款項支付該等授權轉賬，本人／我們之銀行將有權不予轉賬，且銀行可收取慣常之收費。</p> <p>(五) 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7個工作天之前交予貴公司及／或本人／我們之銀行。</p> <p>(六) 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>	<p>Declaration:</p> <p>1. I/We hereby authorise the below named Bank to effect transfer of premium and levy to the Insurance Authority (if applicable) from my/our account to the Company (in accordance with such instructions as my/our Bank may receive from the Company from time to time) for the policy, until further written notice is given by me/us.</p> <p>2. 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.</p> <p>3. 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).</p> <p>4. 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 and impose usual service charges on me/us.</p> <p>5. 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 and/or my/our Bank at least 7 working days prior to the effective date of such cancellation/variation.</p> <p>6. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.</p>
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銀行名稱 Bank Name	分行名稱 Branch Name	銀行編號 Bank Code	分行編號 Branch Code	戶口號碼 Account No.
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戶口持有人姓名 Name of Account Holder(s)	戶口持有人的商業登記證或香港身份證號碼 Business Registration No./HKID Card No. of Account Holder(s)
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如戶口持有人並非保單持有人或任何受保人，請說明與保單持有人之關係。  
Please describe the relationship to the Policyholder if account holder is not the Policyholder or any of the Insured(s).

戶口持有人簽署 Signature of Account Holder(s)	日期 (日/月/年) Date (dd/mm/yy)
公司：請蓋公司圖章 For Company: Please stamp Company Chop	

<p>請注意：</p> <p>(一) 所有款項均以港元作出扣除。如須貨幣轉換，兌換率將由東亞銀行以該自動轉賬日所釐訂之兌換率為準。</p> <p>(二) 此授權書內之簽名必須與閣下（等）銀行戶口之簽名式樣完全相同。</p> <p>(三) 設定直接付款授權指示需時，如選擇年繳，請以劃線支票方式預先繳交全年之保費及保險業監管局徵費（如適用）；如選擇月繳，請繳交首2個月之保費及保險業監管局徵費（如適用）。</p>	<p>Please note:</p> <p>1. All debits will be made in Hong Kong currency. If currency conversion is required, the exchange rate will be determined by The Bank of East Asia, Limited as at the date of processing the direct debit transaction.</p> <p>2. Please ensure that your signature(s) on this form is/are the same as the specimen signature(s) on your Bank Account.</p> <p>3. To allow sufficient time for the set-up of the direct debit authorisation, if the annual payment mode is selected, please arrange for submission of the annual premium and levy to the Insurance Authority (if applicable) in advance by crossed cheque; if the monthly payment mode is selected, please submit the first 2-month premium and levy to the Insurance Authority (if applicable).</p>
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### 本公司專用 For Office Use Only

Policy No. _____	Policyholder _____	Agent Code _____
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Reason of Submission  New Business  Replacement  Others \_\_\_\_\_

\* 本授權書的中文譯本只供參考之用，如有爭議，應以英文原義為準。  
The Chinese copy of this authorisation form is for reference only. In case of any discrepancy between the Chinese and English version, the English version shall apply and prevail.



收集個人資料聲明  
Personal Information Collection Statement



聯絡我們  
Contact Us