

Direct Debit Authorisation

直接扣賬授權書

(澳門幣-MOP)



Name of Party to be credited 貴方公司名稱

富衛人壽保險 (澳門) 股份有限公司

1 | 8 | 2 | 1 | 0 | 1 | 1 | 0 | 0 | 6 | 2 | 7 | 3 | 8 | 6

Policy Number

保單號碼

Life Insured

被保險人

Policyowner

投保人

 Bank Account 銀行戶口

I/We hereby authorize Bank of China Macau Branch/Bank of China (Macau) (hereinafter referred to as "the Bank") to effect transfers from my/our account specified below to the account of the above named beneficiary (hereinafter referred to as "the Beneficiary"), details of which specified below, such sum or sums as the Beneficiary may from time to time advise the Bank. This authorization shall remain valid until further notice.

I/We further agree that:

1. The Bank may effect transfers from my/our said account such sum or sums as advised by the Beneficiary at any time with immediate effect.
2. Under no circumstances shall the Bank be held responsible for any consequence(s) as a result of unsuccessful transfer of fund(s) from my/our said account.
3. Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank. For 3 consecutive times, transfers are not effected due to no sufficient available fund in my/our said account, the Bank may at its own discretion not to comply with or act further with this authorization without notice to me/us.
4. Service charge of the Bank will be debited from my/our said account.
5. The Bank may disclose details of my/our said account to any other third party if the Bank finds it necessary and appropriate.
6. The Bank shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank.
7. The Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
8. 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) shall be jointly and severally accepted by me/us.

本人(等)/本公司茲授權中國銀行澳門分行/中國銀行(澳門)(以下簡稱貴銀行),根據富衛人壽保險(澳門)股份有限公司(以下簡稱本公司)不時給予貴行之指示,在本人(等)/本公司於貴銀行開立之賬戶(賬戶號碼附註如下)內支取款項,繳付上述公司的有關費用,直至另行書面通知為止。

本人(等)/本公司知悉遵守下述條款辦理:

1. 貴銀行接到公司的付款通知即可支付,款項按公司所供之金額扣除。
2. 如該賬款未能自本人(等)/本公司之銀行賬戶內支付,一切責任及後果,概與貴銀行無涉。
3. 如有任何令授權書失效之變更,本人(等)/本公司必須書面通知貴銀行。貴銀行在收到書面通知前,本授權書繼續有效。但如本人(等)/本公司之銀行賬戶連續三次因賬戶可用餘額不足而未能支付賬款,則貴銀行可有權不經通知而撤銷此項授權。
4. 貴銀行有權徵收服務費用,並可由本人(等)/本公司之銀行賬戶內支付。
5. 銀行認為必要和適當時,不必通知或取得本人(等)/本公司同意有權將有關的賬戶資料披露給其他機構。
6. 本人(等)/本公司授權貴銀行可根據自動扣賬當天貴銀行所指定的匯率將轉賬款項兌換成受益人指定之收款貨幣。
7. 本人(等)/本公司同意貴銀行無義務確定該等支款通知是否已交予本人(等)/本公司。
8. 本人(等)/本公司願共同及各別承擔因該等支款而令本人(等)/本公司之銀行賬戶出現透支(或令現時透支增加)之全部責任。

My/Our Bank Name

我/我等之銀行

Bank of China Macau Branch / Bank of China (Macau)

中國銀行澳門分行/中國銀行(澳門)

Account Holder

賬戶持有人

My/Our A/C No. 我/我等之賬戶號碼

My/Our Signature 我/我等之簽名

(Signature(s) should correspond with the account signature)

(簽名須與戶口相同)

本公司已核對上述資料正確及見證賬戶持有人簽署本授權書

Company Chop & Signature

公司蓋章及簽名

Please note:

(1) Should any disagreement arise in respect to the interpretation of this Authorisation, the relevant clause as expressed in Chinese will apply. (2) All debits will be made in MOP currency. If currency conversion is necessary, the rate to be used will be that of the bank of FWD Life Insurance Co (Macau) Ltd applying at the date of lodgement and, if applicable, dishonor. (3) You can cancel this Authorisation at any time by notifying your Bankers and the Company. (4) Please ensure that you sign your form in the usual way in which you would sign on your Bank Account.

請注意:

- (1) 若對本授權書之解釋有任何爭議,以中文為準
- (2) 一切款項以澳門幣為單位。若需要轉換通用貨幣,匯率以在入數或不能承兌之日富衛人壽保險指定銀行之匯率為準
- (3) 台端可在任何時候通知台端之銀行或該公司取消此授權
- (4) 請保證貴戶在此授權書內之簽名與銀行賬戶所簽者完全相同

For Office Use Only 公司專用

Debtor Reference 扣賬資料

Reason of Submission: New Business Reinstatement Replacement Others

For Bank Use Only 銀行專用

主管	覆核	經辦	備註:
			<input type="checkbox"/> 上述申請已由系統自動取消。取消日期: _____;
			<input type="checkbox"/> 上述申請已由客戶要求取消。取消表格附後。取消日期: _____。