

DIRECT DEBIT AUTHORIZATION FORM

直接扣賬授權書表格

Do You Know How To Complete the Direct Debit Authorization Form? 如何填寫直接扣賬授權書表格？

To ensure a smooth processing of your Direct Debit Authorization (DDA), please take note of the following:

1. Check the Bank No., Branch No., and Account No. against your bank passbook or Account Statement.
2. Make sure that the signature on the DDA Form is the same as that in your bank's record.
3. Check that the Policy No. is correct.
4. Ensure the Company chop is stamped for Company account.
5. Please INITIAL all amendments on the DDA Form (even a very minor one).
6. Please submit your DDA Form through your Sales Representative/ General Agency.

為確保您的直接扣賬授權書能盡速處理，請留意下列事項：

1. 根據您的銀行存摺或賬戶結單，核對銀行編號、分行編號及賬戶號碼。
2. 確保在直接扣賬授權書表格上之簽署與您的銀行記錄相符。
3. 核對保單號碼是否正確。
4. 如屬公司賬戶，請確保蓋上公司圖章。
5. 在直接扣賬授權書表格上所作之一切修改(即使是非常細微之修改)均須您的簡簽。
6. 請經由您的營業代表/總代理遞交您的直接扣賬授權書表格。

Important Notes

- Submit your DDA form with 2 monthly / 1 quarterly premium, as it normally takes 4-6 weeks to set up the Autopay facility.
- No "Premium Due Notice" and "Premium Receipt" will be issued to policy paid by Autopay.
- Premium Withdrawal dates are as follow:
 - Policy with issue date on 1st to 15th – Autopay withdrawal take place on the 1st day of the month.
 - Policy with issue date on 16th to 28th – Autopay withdrawal take place on the 16th day of the month.
- Conversion rates of US\$ to HK\$ \$1.00: 7.80 is used.

Please see sample at the next page for completing information.

注意事項

- 於呈交直接扣賬授權書表格時，請連同兩個月/一季的保費一併付上，因自動轉賬服務通常需時四至六星期始能設定。
- 選用自動轉賬繳費之保單，將不會獲發給「保費到期通知書」及「保費收據」。
- 保費自動轉賬日期如下：
 - 簽發日期為一至十五號之保單 - 自動扣賬將於該月之一號過數。
 - 簽發日期為十六至二十八號之保單 - 自動扣賬將於該月之十六號過數。
- 採用1美元兌7.8港元之換算率。

請參閱下頁樣本填寫資料。

Direct Debit Authorization 直接付款授權書

Please complete and return this form to the party to be credited 請依次填寫並將此授權書交給收款之一方

Name of party to be credited (The Beneficiary) 銀行及分行之名稱		Transamerica Life (Bermuda) Ltd. 全美人壽(百慕達)有限公司	
Bank No. 銀行號碼	004	Branch No. 分行號碼	808
Account No. to be credited 收款賬戶之號碼		155469002	

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to the account of Transamerica Life (Bermuda) Ltd. in accordance with such instructions as my/our Bank may receive from the Company from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
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.
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).
I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, 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 Authorization at any time on one week's written notice.
This Direct Debit Authorization 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 Authorization for a continuous period of 30 months, my/our Bank reserves the right to cancel the Direct Debit arrangement without prior notice to me/us, even though the Authorization has not expired or there is no expiry date for the Authorization.
I/We agree that any notice of cancellation or variation of this Authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人(等)現授權本人(等)的下列銀行，(根據全美人壽百慕達有限公司不時給予本人(等)銀行之指示)自本人(等)的戶口內轉賬予上述受益人。惟每次轉讓金額不得超過以下指定的限額。
本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。
如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加)，本人(等)願共同及個別承擔全部責任。
本人(等)同意如本人(等)的賬戶並無足夠款項支付該等授權轉賬，本人(等)的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。本直接付款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(等)同意如本人(等)已設立的直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的記錄，本人(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(等)，即使本授權書並未到期或未有註明授權到期日。本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行。

My/Our Bank Name & Branch 銀行及分行之名稱			
Bank No. 銀行號碼		Branch No. 分行號碼	
Account No. to be credited 收款賬戶之號碼			
My/Our Name(s) as recorded on Statement/Passbook ¹ 本人(等)在結單/存摺上所紀錄的名稱 ¹			
Contact Telephone No. 聯絡電話號碼		Limit for Each/Month*Payment ² 每次/月*付的限額 ²	
Expiry Date ² 到期日 ²	(dd/mm/yyyy) (日/月/年)		
My/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺所紀錄的地址			
Name of Debtor (if other than Account Holder) ¹ 債務人的姓名(若非戶口持有人) ¹		My/Our Signature ² 本人(等)的簽署 ²	
Debtor (Policy No.) Reference (Compulsory Field) ² 債務人參考(保單號碼)(必須之欄) ²			

For Bank Use Only
銀行專用

Remarks 備註	
Authorized Signature with Branch Chop	X

* Please delete whichever is not appropriate. 請刪去不適用者。

¹ Please write in Block Letters. 請以英文正楷填寫。

² Notes:

a. 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.

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

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

d. In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.

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

² 附註:

a. 如台端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。

b. 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。

c. 請保證貴戶在此授權書內的簽名，與銀行戶口所簽者完全相同。

d. 在『債務人參考』欄內，請將貴戶與受款一方的關係，略予說明，例如學生編號、抵押合約號碼等。

e. 『每次/月付款的限額』一欄未有填上，債務銀行會將轉賬限額設定為『不設上限』。