

Date 日期	dd日 / mm月 / yyyy年

DIRECT DEBIT AUTHORIZATION 直接付款授權書

Name of Party to be Credited (<i>The Beneficiary</i>) 收款的一方 (受益人) Manulife (International) Limited 宏利人壽保險 (國際) 有限公司	Bank No. 銀行號碼 0 3 5	Branch No. 分行號碼 8 0 2	Account No. 戶口號碼 8 6 9 3 0 8 0 0 1
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- I/We hereby authorize my/our below named Bank to effect transfer from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
本人/本人等現授權本人/本人等的下述銀行，根據受益人或其往來銀行不時給予本人/本人等銀行的指示，自本人/本人等的戶口內轉賬予上述受益人，惟每次轉賬金額不得超過以下指定的限額。
- 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.
本人/本人等同意本人/本人等的銀行毋須證實該等轉賬通知是否已交予本人/本人等。
- 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).
如因該等轉賬而令本人/本人等的戶口出現透支(或令現時的透支增加)，本人/本人等願共同及各別承擔全部責任。
- 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.
本人/本人等同意如本人/本人等的戶口並無足夠款項支付該等授權轉賬，本人/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。
- 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 2 years, 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.
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/本人等同意如本人/本人等已設立的直接付款授權的戶口連續兩年內未有根據本授權而作出過賬的記錄，本人/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/本人等，即使本授權書並未到期或未有註明授權到期日。
- 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/本人等同意，本人/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/本人等的銀行。

For Manulife Admin Use Only 宏利行政部門專用	Debtor's Reference 債務人備註 (Policy Number 保單編號)
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My/Our Bank Name and Branch 本人/本人等的銀行及分行的名稱	Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No. 本人/本人等的戶口號碼
#My/Our Name(s) as recorded on Statement/Passbook #本人/本人等在結單/存摺上所記錄的名稱	Contact Telephone No. 聯絡電話號碼		
Limit for Each*Payment/Month (Note 3) *每次/月付款的限額 (附註3)	Expiry Date (day/month/year) (Note 1) 到期日 (日/月/年) (附註1)	My/Our Signature(s) (Note 2) 本人/本人等的簽署 (附註2)	

Please write in **BLOCK LETTERS**. 請以英文正楷填寫。
* Please delete whichever is not appropriate. 請刪去不適用者。

Notes 附註：

- You are recommended to leave this box blank to have the Direct Debit Authorization effect indefinitely (or until cancelled by you). This Direct Debit Authorization will be cancelled automatically on the date included in this box.
我們建議閣下將此欄留空，使直接付款授權書無限期有效(或直至閣下予以撤銷為止)。本直接付款授權書將按此欄所填寫的日期自動撤銷。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
請保證閣下在此授權書內的簽名與銀行戶口所簽者完全相同。
- If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".
如「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」。
- Manulife reserves the right to either cancel authorization if there is insufficient fund in the debtor's account or to request for a premium mode change.
上述賬戶持有人之戶口若無足夠款項時，宏利將保留取消直接付款授權的權利，或要求該保戶更改其支付保費之方式。

For Bank Use Only 銀行專用	Signature Verified 簽署核實
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For Office Use Only 公司專用
Insurance Advisor's Name 保險顧問姓名 _____ Insurance Advisor's Code 保險顧問編號 _____ Location 地點 _____ The autopay debit will be processed at midnight (0:00am) on the payment date (14 th of each month) or if such date falls on a non-banking day, the following banking day. 自動轉賬將於每月十四日為付款日期之後凌晨時進行。如該日為銀行假期，則順延至下一個銀行工作天。

Please return the completed form to Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.
請把填妥的表格寄交九龍中央郵政局郵政信箱70302號宏利人壽保險(國際)有限公司。

The Chinese version of this form is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.
本表格之中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。

(For office use only 公司專用) Please affix the policy no. here (if applicable) 請在此貼上保單編號 (如適用)
