

DIRECT DEBIT AUTHORIZATION 直接付款授權書

Date 日期	dd日 / mm月 / yyyy年

Name of Party to be Credited (<i>The Beneficiary</i>) 收款的一方 (受益人)	Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼
Manulife Provident Funds Trust Co. Ltd.	0 0 4	5 0 0	5 3 9 2 9 1 0 0 1

- 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/本人等的戶口內轉帳予上述受益人，惟每次轉帳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帳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).
如因該等轉帳而令本人/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帳，本人/本人等的銀行有權不予轉帳，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 authorization shall have effect until further notice or until the expiry date written below, whichever shall first occur.
本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。
- 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 Bank Use Only 銀行專用	Debtor's reference	Signature Verified
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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/存摺上所紀錄的名稱			Contact Telephone No. 聯絡電話號碼
Limit for Each*Payment/Month(Note 1) *每次/月付款的限額 (附註1)	Expiry Date (day/month/year)(Note 2) 到期日 (日/月/年) (附註2)	My/Our Signature(s) (Note 3) 本人/本人等的簽署 (附註3)	
Sub-Scheme No. 附屬計劃編號		* Please delete whichever is not appropriate. 請刪去不適用者。 # Please write in Block Letters. 請以英文正楷填寫。	

Notes 附註：

- As the amount and timing of each debit may vary each month, you are not recommended to set the limit for each payment/month so as to avoid any autopay reject that leads to delay in MPF contribution settlement. If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".
因閣下每月須付款的數額及時間可能不同，為避免轉帳被銀行撤回而延誤強積金供款，我們建議閣下毋須設立每次/月付款的限額。如「每次/月付款的限額」一欄未有填上，債務銀行會將轉帳限額設定為“不設上限”。
- 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。

Completed form should be sent to Provident Funds Services, Manulife (International) Limited, 29/F Manulife Tower, 169 Electric Road, North Point, Hong Kong.
填妥的表格請寄往香港北角電氣道169號宏利保險中心29樓宏利人壽保險 (國際) 有限公司公積金服務部。

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