

DIRECT DEBIT AUTHORISATION FORM

直接扣賬授權書表格

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

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

1. Check the Bank Number, Branch Number, and Account Number 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 Number is correct.
4. Ensure the Company chop is stamped for Company account.
5. Please Counter Sign all amendments on the DDA Form (even a very minor one).
6. Please submit your DDA Form through your financial representative.

為確保閣下的直接扣賬授權書能盡速處理，請留意下列事項：

1. 根據閣下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閣下的銀行記錄相符。
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）均須閣下的加簽。
6. 請經由閣下的財務代表遞交閣下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 Auto-pay facility.
- No "Premium Due Notice" and "Premium Receipt" will be issued to policy paid by Auto-pay.
- Premium Withdrawal dates are as follow:
 - Policy with issue date on 1st to 15th – Auto-pay withdrawal take place on the 1st day of the month.
 - Policy with issue date on 16th to 28th – Auto-pay withdrawal take place on the 16th day of the month.
- Conversion rates of USD to HKD 1.00: 7.80 is used.
- Premium should be paid by policy owner/insured. Transamerica Life Bermuda may accept third party payment from the spouse or parents of a policy owner/insured, or from a company account if the policy owner/insured is a director or shareholder of that company, and provided that we have satisfied with any explanation and due diligence check regarding such third party payment.

注意事項

- 於呈交直接扣賬授權書表格時，請連同兩個月／一季的保費一併繳交，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。
- 保費應由保單持有人／受保人支付。全美人壽百慕達或會接受來自保單持有人／受保人配偶或父母，又或公司帳戶（如保單持有人／受保人為該公司董事或股東）的第三方付款，惟有關第三方付款的解釋及盡職審查結果必須令全美人壽百慕達信納。

Direct Debit Authorisation 直接付款授權書

 Select the box that applies
請選擇合適空格

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 Number 銀行號碼	004	Branch Number 分行號碼	808
Account Number to be credited 收款賬戶之號碼		155469002	

I/We hereby authorise my/our below named Bank to effect transfers 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 and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice 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 understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/we agreed that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice.

This Direct Debit Authorisation Form shall have effect until further notice. I/we agree that if no transaction is performed on my/our account under such authorisation 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 authorisation has not expired or there is no expiry date for the authorisation.

I/We agree that any notice of cancellation or variation of this authorisation 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.

The Bank may charge an instruction setup/amendment fee from my/our account stated above in accordance with the rates as specified by the Bank from time to time.

本人/吾等現授權本人/吾等的下列銀行，（根據收款人或其往來銀行及/或代理行不時給予本人/吾等銀行之指示）自本人/吾等的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。

本人/吾等同意本人/吾等的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等的戶口出現透支（或令現時的透支增加），本人/吾等願共同及個別承擔全部責任。

本人/吾等明白本人/吾等須在指定的轉賬日期（即根據本人/吾等的銀行從收款人或其往來銀行及/或代理行不時收到的指示）前一個營業日（分行辦公時間內），在戶口內備有足夠款項以便支付該等授權轉賬。本人/吾等並同意如本人/吾等的戶口並無足夠款項支付該等授權轉賬，本人/吾等的銀行有絕對的情權不予轉賬，且本人/吾等的銀行可收取慣常的收費，並可隨時取消該等授權轉賬且毋須通知本人/吾等。為避免疑問，本人/吾等的銀行可隨時自行決定取消該等授權轉賬且毋須通知本人/吾等。

本直接付款授權書將繼續生效直至另行通知為止。本人/吾等同意如本人/吾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紀錄，本人/吾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/吾等；即使本授權書並未到期或未有註明授權到期日。

本人/吾等同意，本人/吾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/吾等的銀行。

本人/吾等的銀行可根據不時規定之收費，向本人/吾等的上述戶口收取設立/更改指示之費用。

My/Our Bank Name & Branch 銀行及分行之名稱			
Bank Number 銀行號碼	□□□□	Branch Number 分行號碼	□□□□
Account Number to be debited 賬戶號碼		□□□□□□□□□□	
My/Our Name(s) as recorded on Statement/Passbook ¹ 本人/吾等在結單/存摺上所紀錄的名稱 ¹			
Phone Number 電話號碼	□□□□□□□□□□	Limit for Each/Month*Payment ² 每次/月*付的限額 ²	
ID Number 身份證明文件號碼	□□□□□□□□□□ Type 類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記 <input type="checkbox"/> Certificate of Incorporation 公司註冊團體成立證明書 <input type="checkbox"/> Other 其他 _____		
My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺所紀錄的地址	Name of Policy Owner (if different from Account Holder) ¹ 保單持有人姓名（如非戶口持有人） ¹		
Policy Number Reference (Compulsory Field) 保單號碼參考（必須之欄）	□□□□□□□□□□	My/Our Signature ² 本人/吾等的簽署 ²	X

For Bank Use Only 銀行專用

Remarks 備註	
Authorised Signature with Branch Chop 獲授權簽署及分行印章	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. Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
c. If "Limit for Each/Payment Month" is not specified, the debtor's bank will set the limit as "unlimited".

2 附註: a. 如閣下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. 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。
c. 「每次/月付款的限額」一欄未有填上，付款銀行會將轉賬限額設定為「不設上限」。