

# 直接付款授權書 Direct Debit Authorisation

首兩個月之保費必須以美金支票或匯票或港幣支票支付。

The first two months' premiums must be remitted by cheque/draft.

此表格只適用於由香港銀行戶口繳付港元保費,在適當情況下,貨幣兌換將按當時兌換率釐定。

This form can only be used for payments in Hong Kong Dollars from banks in Hong Kong. Where the contract is written in another currency, a currency conversion will be performed using the rate applicable.

採用直接付款方法繳交保費,絕不加收手續費。

We only collect the premium due on the policy and do not charge for this facility.

請將直接付款授權書寄交

RL360° Services, 香港上環德輔道中181號大新行1403室

Please return the direct debit authorisation to:

RL360° Services

Room 1403

Sun House

181 Des Voeux Road Central

Sheung Wan

Hong Kong.

受款人 Name of party to be credited	銀行編號 Bank No.	分行編號 Branch No.	受款賬戶號碼 Account No. to be credited
RL360 Life Insurance Company Limited	004	502	408644001

本人/吾等現授權本人/吾等之下述銀行,可依照受款人不時給予本人/吾等銀行之指示,自本人/吾等銀行之賬戶內轉賬予上述受款人。

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 from time to time.

本人/吾等同意本人/吾等之銀行毋須查究該等轉賬是否已曾通知交予本人/吾等。

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.

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支額增加),本人/吾等共同及個別承擔全部責任。

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).

本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬,本人/吾等之銀行將有自主決策權不予作出轉賬,且銀行可收取慣常之收費及隨時以一星期書面通知取消本授權書。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, 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 authorisation at any time on one week's written notice.

本授權書將具效力,直至另行通知為止。

This authorisation shall have effect until further notice.

本人/吾等同意,本人/吾等取消或更改本授權書之任何通知,須於取消/更改生效日期前之最少兩個工作天交予本人/吾等銀行。

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.

保單號碼 Policy number	<input type="text"/>	
本人/吾等之銀行名稱及分行地址 My/Our bank name and branch address	<input type="text"/>	
本人/吾等在結單/存摺上所紀錄之名稱 My/Our name as recorded on Statement/Passbook	<input type="text"/>	
本人/吾等在結單/存摺上所紀錄之地址 My/Our address as recorded on Statement/Passbook	<input type="text"/>	
聯絡電話號碼 Contact telephone number	<input type="text"/>	
銀行編號 Bank number	<input type="text"/>	
分行編號 Branch number	<input type="text"/>	
本人/吾等之賬戶號碼 My/Our account number	<input type="text"/>	
銀行賬戶簽名 Signature(s) of bank account holder(s)	<input type="text"/>	<input type="text"/>
付款人編號 – 無須填寫 Debtor's reference - Please leave blank	<input type="text"/>	
日期 Date	<input type="text"/>	
簽名必須與銀行所紀錄簽署相同 Signature(s) must agree with your bank record	<input type="text"/>	<input type="text"/>