

PrimeCredit Credit Card Account Direct Debit Authorization

安信信用卡戶口直接付款授權書

Repayment account information must be filled so that PrimeCredit Limited can arrange direct debit for your monthly payment. (Repayment account must be a personal account and in name of the credit card cardholder). 必須填妥轉賬戶口資料以便安排直接繳付每月之賬項(指定轉賬戶口必須為持卡人名下之個人戶口)

Customer needs to provide a copy of your bank statement / savings passbook of your Repayment Account bearing your name and account number. 客戶需提交印有下述付款轉賬戶口號碼及閣下姓名之銀行月結單/存摺之副本。

Name of party to be credited (The Beneficiary) 收款之一方(受益人)
PrimeCredit Limited 003-447-1-6640794

- I hereby authorize my below named Bank to effect transfers from my account to that of the above named beneficiary for the account of PrimeCredit Limited in accordance with such instructions as my Bank may receive from the beneficiary from time to time.
- I agree that my Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me.
- I understand that handling fee may be imposed by my appointed bank for the credit card direct debit authorization set up request. I agree to make such enquiries to my appointed bank.
- I accept full responsibility for any overdraft (or increase in existing overdraft) on my account which may arise as a result of any such transfer(s). I agree that should there be insufficient funds in my account to meet any transfer hereby authorized, my Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank and PrimeCredit Limited may make the usual charge and that it may cancel this authorization at any time on written notice.
- This authorization shall have effect until further notice. I agree that any notice of variation of this authorization account or cancellation of this authorization which I may give to my Bank and PrimeCredit Credit Card Centre shall be given at least four weeks prior to the date such cancellation / variation is to take effect.
- Unless otherwise instructed, repayment shall be debited on the relevant payment due date (See Note 1). I agree that if I wish to change the payment amount of autopay services, notice shall be given to PrimeCredit Credit Card Centre at least 4 weeks before the due date specified in the statement. If I wish to suspend the respective month's autopay services, notice shall be given to PrimeCredit Credit Card Centre at least five clearing days before the due date specified in the statement.
- I confirm that the information below is true and accurate.
 - 本人現授權本人之下述銀行(根據受益人不時給予本人之銀行之指示)自本人之賬戶內轉賬予上述受益人(即安信信貸有限公司)。
 - 本人同意本人之銀行毋須證實該等轉賬通知是否已交予本人。
 - 本人明白在設立信用卡戶口直接付款授權時,本人指定之直接付款授權銀行可能收取設立費用,本人同意向該銀行查詢有關詳情。
 - 如因該等轉賬而令本人之賬戶出現透支(或現時之透支增加),本人願承擔全部責任。本人同意如本人之賬戶並無足夠款項支付該等授權轉賬,本人之銀行有權不予轉賬,且銀行及安信信貸有限公司可收取慣常之收費,並可隨時以書面通知取消本授權書。
 - 本授權書將繼續生效直至另行通知為止。本人同意,本人轉換本授權轉賬之賬戶/取消本授權轉賬的通知,須於該轉換/取消生效日最少四星期前通知本人之銀行及安信信用卡中心。
 - 除另行通知外,款項於到期繳款日過賬(參閱附註1)。本人同意,本人如欲更改自動轉賬款額,須於月結單截數日最少四星期前通知安信信用卡中心。本人如欲暫緩當月之自動轉賬,須於月結單所載之到期繳款日前最少五個結算日通知安信信用卡中心。
 - 本人確認下列全部資料均屬真實及正確無誤。

Name of Bank Account Holder 戶口持有人姓名
Contact Phone Number 聯絡電話號碼

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

My Bank Name and Branch 本人之銀行及分行名稱:

| Bank No. 銀行編號 | Branch No. 分行編號 | Account No. 賬戶號碼 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

My Credit Card Account Number (Debtor's Reference) 本人之信用卡戶口號碼(債務人參考)

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Note: 1. If you do not specify the amount, the "Minimum Payment Due" amount will be debited to your Direct Debit Authorization Account. 2. Please note that "Minimum Payment Due" will be debited should it be higher than the percentage of "New Balance" as shown on statement. The percentage must be an integer. 3. Please ensure you sign the form in the usual way that you would sign on your Bank Account. Your full signature is required for any alternative made.

附註: 1. 如貴戶並無指明應繳付之款額,則當作選擇繳付最低付款額處理。2. 請留意如「最低付款額」高於月結單所載之「總結欠」的百分比,則安信會收取「最低付款額」,而百分比必須是整數。3. 貴戶在此授權書內之簽名必須與銀行賬戶之簽名式樣完全相同。如有任何塗改,請附簽署。

If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail.

If you have any question, please contact our 24-hour PrimeCredit Credit Card Customer Service Hotline at 2269 8800 (UnionPay Diamond Card) / 2269 8888 (Visa Platinum Card) / 2269 8899 (Visa Classic Card).

中、英文版本如有任何歧異,概以英文版本為準。

如欲查詢,敬請致電24小時安信信用卡客戶服務熱線2269 8800(銀聯鑽石卡) / 2269 8888(Visa白金卡) / 2269 8899(Visa普通卡)。

I choose to pay the following amount (See Note 1)

Please "✓" the appropriate box below and indicate the percentage if applicable 本人欲繳付之款額(參閱附註1),請在所選之方格內"✓"號及填上適用之百分比

- Full Payment 全數款額
 Minimum Payment Due 最低付款額

Other percentage of New Balance (see Note2) 總結欠的其他百分比(參閱附註2): %

My Signature (See Note 3) 本人之簽名(參閱附註3)

Signature should be same as that for the operation of my Savings / Current Account to be debited for the transfer 簽名必須與閣下付款轉賬之儲蓄/往來賬戶完全相同

Date 日期

POSTAGE
WILL BE
PAID BY
LICENSEE
郵費由
持牌人支付

NO POSTAGE
STAMP
NECESSARY IF
POSTED IN
HONG KONG
如在本港投寄
毋須貼上郵票

**BUSINESS REPLY SERVICE
LICENCE NO. 6863**

PRIMECREDIT LIMITED
P.O. BOX 23207
WAN CHAI POST OFFICE
HONG KONG