



THE PACIFIC GROUP

太平洋人壽保險有限公司

THE PACIFIC LIFE ASSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

Direct Debit Authorization

直接扣賬授權書

Policy Number 保單號碼 : _____ Name of Life Insured 受保人姓名 : _____
 Agent / Broker Code 代理人 / 經紀編號 : _____ Agent / Broker Name 代理人 / 經紀名稱 : _____

Name of Party to be credited 貸方公司名稱	Bank No. 銀行號碼	Branch No. 分行號碼	A/C No. to be credited 貸方賬戶號碼
The Pacific Life Assurance Company Limited	0 2 4	2 7 5	2 4 2 6 8 3 0 0 1

I/We hereby authorize 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.

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.

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 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.

This authorization shall have effect until further notice.

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/吾等現授權本人/吾等之下述銀行，(根據受益人不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬予上述受益人。

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。

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/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期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/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/更改生效日最少兩個工作天之前交予本人/吾等之銀行。

Bank Name 銀行名稱	Branch 分行	Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行賬戶號碼

Account Holder 銀行賬戶持有人姓名	Address of Account Holder 銀行賬戶持有人地址

Signature(s) of Account Holder(s) 銀行賬戶持有人簽名	Date 日期

Debtor's Reference - Policy Number (For Office Use Only) 債務人資料 - 保單號碼 (以下由本公司填寫)	For Bank Use Only 以下由銀行填寫

NOTE 附註：

- Should any disagreement arise in respect to the interpretation of this Authorization, the relevant clause as expressed in English will apply.
若對本授權書之解釋有任何爭議，以英文為準。
- You can cancel this authorization at any time by notifying your Bankers and the Company.
台端可在任何時候通知台端之銀行及該公司取消此授權書。
- Please ensure that you sign the form as well as any alteration, in the usual way that you would sign on your Bank Account.
請保證貴戶在此授權書內之簽名與銀行賬戶所簽者完全相同，並於任何刪改處加上同樣之簽名。

FOR OFFICE USE ONLY

Reason of Submission New Business Reinstatement Replacement Others _____