## 招商永隆信用卡直接付款授權服務申請書

## CMB Wing Lung Credit Card Direct Debit Authorization Services Application Form



閣下填寫表格前,請確認已經詳閱招商永隆銀行有限公司(「本行/銀行」)《關於個人資料(私隱)條例致客戶的通知》(「該通知」),才向本行提供 閣下的個人資料。如 閣下在此申請表格提供 閣下的個人資料,即表示 閣下接納本行的資料政策及同意資料政策中所載的個人資料之用途。如 閣下沒有收到該通知,請聯 為分行職員或致電招商永隆銀行客戶服務熟線 230 9555 Badia in

Before you provide CMB Wing Lung Bank Limited ("the Bank") with your personal details, please ensure that you have read the Bank's Notice to Customers relating to the Personal Data (Privacy) Ordinance ("the Notice"). By providing your personal details to the Bank under this application form, you shall be deemed to have accepted the Bank's Data Policy and agreed the use of your personal details as stated therein. If you have not received the Notice, please contact our branch staff or CMB Wing Lung

Bar	Bank Customer Services Houne at 230 95555.			
Plea	請填妥本表格並交回本行任何一間分行,或郵寄至九龍中央郵政信箱 72569 號招商永隆銀行有限公司 - 零售信貸及信用卡部。 Please fill in this form and return it to any branches of CMB Wing Lung Bank Limited or by mail to Retail Finance and Credit Card Limited, P.O. Box 72569, Kowloon Central Post Office, Kowloon.	I Departm	ent of CMB \	Wing Lung Banl
1)	重要事項 IMPORTANT NOTE:  1) 如 閣下下延銀行賬戸沒有 閣下的簽名樣本、銀行將無法處理此申請、 閣下的申請將自動取消、恕不另行通知。如 閣立、請親自到本行任何一間分行提交此表格並要求將 閣下簽名樣本加到 閣下的銀行賬戶內。  If your below stated bank account is opened without your signature, the Bank will not be able to process this application and cancelled without prior notice. If the bank account is opened without your signature specimen is opened with the Bank, please submit this Bank and request to have a specimen of your signature added to your bank account.  2) 辦理此項自動轉賬付款服務之手續需時 4-6 星期,手續辦妥後,「閣下之信用卡賬項將於到期日以自動轉賬繳款」字樣將會關	d your app s form in p	plication will berson to any	oe automatically branches of the
۷)	末生效前・請暫時以其他付款方式繳付招商永隆信用卡賬項。  The processing of the autopay arrangement takes approximately 4-6 weeks. The words "YOUR CREDIT CARD PAYMENT WIL DATE" will appear on your monthly statement upon the setting up of the autopay service. Until the autopay service becomes a Lung Credit Card payment by other methods.	L BE SET	TLED BY AU	TOPAY ON DUE
請以	請以英文填寫表格每一欄。如有任何塗改,請附簽署。Please complete every details in English. Your full signature is required for ar	nv alterati	on made	
本ノ	本人(等)欲為以下賬戶設立直接付款授權服務:(請於適當空格內加上「✔」號) I / We choose to set up Direct Debit Authorization Services for below selected account(s): (Please put a"✔"in the appropriate box(es			
	CMB Wing Lung Mastercard / Visa Card / UnionPay Dual Currency Credit Card HKD Account 及人民幣賬戶之	直接付款搜		
賬戶	賬戶號碼 Account No.: 就授權服務申請書		Direct Debit	Authorization
	□ 招商永隆銀聯雙幣信用卡人民幣賬戶 CMB Wing Lung UnionPay Dual Currency Credit Card CNY Account when the des	ation For	m for each bank acco	bank account unt used for
賬戶	販戶號碼 Account No.: C N Y	ach Unior	nPay Dual C	urrency Credit
	Cardino	IIIL/ CIVI	ACCOUNT IS U	iiiciciii.
持卡人姓名 Name of Cardholder (請以英文正楷填寫 in BLOCK Letters ) :				
On	請於每月到期付款日支付下列款項予上述招商永隆 Mastercard / Visa 卡 / 銀聯雙幣信用卡之港幣 / 人民幣賬戶內。 On the monthly Payment Due Date, please make the following payment to the above CMB Wing Lung Mastercard / Visa Card / Uni HKD / CNY Account.	ionPay Du	ual Currency (	Credit Card
	□ 月結單上「結欠金額」全數。 □ 本人(等)的賬戶尚欠款項的配 Full Payment of the "Statement Balance" on the monthly statement.	our accou		
	□ 月結單上「最低付款額」。  *註:百分比必須為整數。若此百分比計算之付款額低於「最低付款額」  *Note: Percentage rate should be in whole number. If the payment amount or than the "Minimum Payment", the payment amount will be adjusted to "Minimum Payment", the payment amount will be adjusted to "Minimum Payment".			
收款之一方(受益人) Name of party to be credited (the Beneficiary 收款賬戶號碼 Account to be Credited (銀行專用 For Bank Use Only)				
(	CMB WING LUNG BANK LIMITED (Linked to HKD Debit Account)	(Linked to	幣扣賬賬戶 o CNY Debit )1-03000(	,
本ノ本ノ				
本人本人	願共同及個別承擔全部責任。 本人(等)同意如本人(等)之賬戶並無足夠款項支付該等授權轉賬·本人(等)之銀行有權不予轉賬·且可收取慣常之收費·並可 本人(等)知悉若本人(等)以港幣賬戶自動轉賬繳付銀聯雙幣信用卡之人民幣賬戶賬款·實際還款金額將按確認收妥款項當日的	「隨時以一! 勺適用銀行	星期書面通知 T匯率折算。	取消本授權轉賬
本授權轉賬將繼續生效直至另行通知為止。 本人(等)同意受益人可不時通知本人(等)之銀行更改信用卡賬戶號碼而無須諮詢本人(等)。 本人(等)同意本人(等)取消或更改本授權轉賬之任何通知,須於取消 / 更改生效日最少十個工作天之前交予本人(等)之銀行。				
I/V	I/We hereby authorize my / our below named Bank to effect transfers from my / our account to that of the above Beneficiary in ac / our Bank may receive from the Beneficiary from time to time.	cordance	with such in:	structions as my
I/V	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 / u responsibility for any overdraft (or increase in the existing overdraft) on my / our account(s) which may arise as a result of any such	ıs. I / We jo transfer(s	ointly and sev	erally accept fu
I/V effe	I / We agree that should there be insufficient funds in my / our account(s) to meet any transfer hereby authorized, my / our Bank sh 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	nould be e ne week's v	entitled, in its d written notice	ž.
reparted This	I / We acknowledge that if autopay for CNY account of UnionPay Dual Currency Credit Card is made through HKD Dollar savings repaid is determined by the Bank's applicable exchange rate set on the date when the Bank confirms receipt of payment. This authorization shall have effect until further notice.			
۱/V	I/We agree that the Beneficiary may from time to time change the Credit Card Account Number by notice to my / our Bank withou 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 I on which such cancellation / variation is to take effect.	it further re least ten v	eference fror working days	n me / us. prior to the date
_		2賬戶號碼	Į	
М	使用招商永隆銀行之人民幣賬戶支付) My/Our Bank Name and Branch (For payment to UnionPay Dual Currency Credit Card CNY Bank No. Branch No. My/Our Accou			
Ac	Account in CNY, only applicable to CMB Wing Lung Bank CNY Account)			
L		$\bot$	白 // キラヒ / ユイリ	1077 D.E. 7FF
	本人(等)在結單 / 存摺上所紀錄之名稱 My/Our Name(s) as recorded on Statement / Passbook My/Our Signature (s) (should correspond with the specimen signature of your Bank A	Account	身份證/護 ID Card/Pas	

銀行專用 Input Checker Signature verified 根據《個人資料(私陽)條例》,閣下回隨時選擇不再收取本行之宣傳單張,如有需要,請以書面形式通知本行的資料保護主任,(地址:香港中環意轉載中 45 號,招商永達銀行有限公司,資料保護主任。傳真:2782/3895),此項安排下另收費。 According to the Personal Data (Privacy) Ordinance, you may, at any time and without charge, choose not to receive our future promotional materials. Please inform us in writing in case of such a request to the Data Protection Officer. (Address: The Data Protection Officer, CMB Wing Lung Bank Limited, 45 Des Voeux Road Central, Hong Kong, Fax no. 2782 3895

債務人參考(請填上信用卡之賬戶號碼) Debtor's Reference (Please fill in Credit Card Account No.)

本人 (等) 在結單 / 存摺上所紀錄之地址 My/Our Address as recorded on Statement / Passbook

持卡人之姓名 Name of Cardholder

日期 Date