

支 賬 授 權 書
LETTER OF DEBIT AUTHORIZATION

日期
Date :

致 招商永隆銀行有限公司
To : CMB WING LUNG BANK LTD

敬啓者
Dear Sirs

招商永隆保險有限公司保險單
Re: Insurance Policy(ies) with CMB Wing Lung Insurance Co Ltd

保戶名稱
Name of Insured -

茲授權 貴行及 / 或招商永隆保險有限公司從本人 (等) / 本公司之下列存款賬戶支取有關
投購保險之保費，貴行無須負責核對上項支賬詳情。若下列支賬戶口結存不足支付有關保
費，貴行有權予以拒付。

I/We hereby authorize you and/or CMB Wing Lung Insurance Co Ltd to debit funds from my/
our undermentioned account for the payment of insurance premium provided that you are entitled
not to honour such payments should there be insufficient funds in my/our account to meet the
payment and you shall not be under any obligation or duty to ascertain or inquire into the details
of the debit.

賬號 A/C No. :

戶名 A/C Name :

此項授權將於.....年.....月.....日或 貴行收到此函之日期起持續有效，
直到 貴行收到本人 (等) / 本公司之書面通知取消為止。

This authorization takes effect from.....(date) or the date of your
receipt of this letter and remains effective until you have received my/our written notice in
revoking it.

Yours faithfully

賬戶持有人 / 授權簽署人簽署
Signature(s) of Account Holder(s)/Authorized Person(s)

S.V.	
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