

Individual Medical Plan

DIRECT DEBIT AUTHORIZATION 直接付款授權書

Name of party to be credited (The Beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
ASIA INSURANCE CO., LTD.	0 0 4	0 0 2	5 6 3 4 6 8 0 0 1

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of ASIA INSURANCE CO., LTD. (the "Beneficiary") in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time.

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亞洲保險有限公司(上述受益人)。

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.

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。

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).

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。

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.

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，且銀行可收取慣之收費，並可隨時以一星期書面通知取消本授權書。

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。

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人/吾等之賬戶編號
My/Our Name as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱			
My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址			
My/Our Signature (s)* 本人/吾等之簽名*			Date 日期
Name of Debtor (if other than account holder) 債務人之姓名 (若非賬戶持有人)		For Office Use only - Debtor's Reference	
For Bank Use Only 以下由銀行填寫			Signature Verified

* Please ensure that you sign the form 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。