## Agreement/ Application form with creditor

與受款人的同意書/申請表



Daymont	mothod	交費方法	
Pavment	method	<b>公智</b> 月次	

## Autopay 自動轉賬

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of Zurich Insurance Company Limited (name of beneficiary) in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer should not exceed the limit indicated below.

本人〔等〕現授權本人〔等〕的下述銀行,〔根據受益人或其往來銀行不時給予本人〔等〕銀行的指示〕自本人〔等〕的戶口內轉賬予蘇 黎世保險有限公司〔受益人〕,惟每次轉賬金額不得超過以下的限額。

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〔等〕同意本人〔等〕的銀行母須證實該等轉賬通知是否已交予本人〔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〔等〕的戶口出現透支〔或令現時的透支增加〕,本人〔等〕願共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

本人〔等〕確認本人〔等〕在此表格上的簽署與本人〔等〕用以轉賬的戶口的簽署相同。

I/We agree to notify Zurich Insurance Company Limited (name of beneficiary) of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本人〔等〕同意會通知蘇黎世保險有限公司〔受益人〕任何銀行戶口的變更或取消交費方式,亦同意如本人〔等〕的戶口並無足夠款項支 付該等授權轉賬,本人〔等〕的銀行有權不予轉賬,且銀行可收取慣常的收費。

This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).

本授權書將繼續生效直至另行通知爲止或直至下列到期日爲止〔以兩者中最早的日期爲準〕

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 and at the same time such notice shall be given to the beneficiary.

本人〔等〕同意,本人〔等〕取消或更改本授權書的任何通知,須於取消/更改生效日最少兩個工作天之前交予本人〔等〕的銀行及受益

Account number 与口腔形			İ	
Account number 戶口號碼	٠			
Bank name 銀行名稱	:			
Name of account-holder(s)戶口持有人	:			
(As recorded on statement/passbook – Please com	olet	e in English) (在結單 / 有	<b>F</b> 摺上所有紀錄®	的名稱-請以英文塡寫)
ID no. of account-holder(s) 戶口持有人的身分證件	:			
ID Type*身分證件類別*	:			
Limit for each payment/month#每次/月付款限額#	:	HKD 港幣		
Debtor's reference 債務人參考	:			
Expiry date 到期日	:			
Signature of Account-holder(s)戶口持有人簽署	:			
Others (Cash/Cheque) 其他 (現金/支票)				
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Witnessed by		(ID Number		)
見證人的全名 (FULL NAME)		身份證號碼		
* ID type身分證件類別: I = HKID 香港身分證	F	P= Passport 護照	B = Busines	s Registration 商業登記證
C = Certificate of Incorpo	orati	on 公司註冊證書	X = Others	其他

# If limit for each payment/month is not specified, the debtor's bank will set the limit as "unlimited".

如「每次/月付款的限額」一欄未有填上,債務銀行會將轉賬限額設定爲"不設上限"。

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蘇黎世保險有限公司

(於瑞士註冊成立之公司)

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