

**Direct Debit Authorization**  
直接付款授權書

**Sun Life Hong Kong Limited 香港永明金融有限公司**

**ACCOUNT NO. 006-391-08735018**

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of SUN LIFE HONG KONG LIMITED, a member of the Sun Life Financial group of companies, in accordance with such instructions as my/our Bank may receive from the Company 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 take 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 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，根據永明金融集團成員之一的香港永明金融有限公司，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公司。

本人/吾等同意本人/吾等之銀行無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 NO. 銀行編號	BRANCH NO. 分行編號	BANK ACCOUNT NUMBER 銀行賬戶號碼	ID TYPE 身份證明文件類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Business Registration 商業登記 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Others 其他 ( )
BANK AND BRANCH NAME 銀行及分行名稱			No. 編號: _____
NAME OF ACCOUNT HOLDER 賬戶持有人姓名			*SIGNATURE OF ACCOUNT HOLDER 賬戶持有人簽名
ADDRESS OF ACCOUNT HOLDER 賬戶持有人地址			
TEL 電話			
DEBTOR REFERENCE (POLICY NO.) (S) 申請人參考資料(保單號碼)			

Reason for Submission 遞交原因

New Business 新保單

Change of Payment Mode 更改付款形式  
 Annually 每年繳  Semi-Annually (Applicable to TRADITIONAL policy only) 半年繳 (只適用於傳統壽險保單)  Monthly 每月繳

Change of Payment Method to Autopay by Bank Account 更改以銀行戶口自動轉賬作為繳款辦法

Change of new Bank Account for Autopay 更改銀行自動轉賬戶口

FOR BANK USE ONLY 銀行專用	SIGNATURE VERIFIED 核實簽署
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\*NOTE: 1. Signature(s) must agree with your Bank's records 簽名必須與銀行賬戶檔案相同  
 2. "Limit for Each Payment/Month" is set as "unlimited" "每次/月付款的限額" 設定為 "不設上限"  
 3. For joint account holders, please provide HKID nos. for ALL parties. 若為聯名賬戶，請提供所有聯名賬戶持有人的身份證號碼。

The HK Dollar equivalent will be based on the US Dollar exchange rate at the time the debit is processed. Because of possible fluctuation in the exchange rate, I/We agree not to hold SUN LIFE HONG KONG LIMITED, responsible for any loss caused by any diminution in the value of the Hong Kong currency.

The autopay debit will be processed at midnight (0.00 a.m.) on the payment date. (Please deposit money in business hour of bank working day)

SUN LIFE HONG KONG LIMITED, reserves the right to either cancel this authorization if there is insufficient fund in the payor's account or to request for a premium mode change.

Debit date will be based on policy date at the following table:

Policy Date	Debit Date
1-6	1
7-14	7
15-22	15
23-28	23

Effective Month of First Debit \_\_\_\_\_

相等之港元將會以貴公司處理自動轉賬時適用之匯率為準。因匯率可隨時變動，本人/吾等同意香港永明金融有限公司不需負任何因港元貶價而致之損失。

自動轉賬將於轉賬日之凌晨零時進行。(請於轉賬日之前之銀行辦公時間存款)

上述賬戶持有之戶口若無足夠款項時，香港永明金融有限公司，將保留取消該直接付款授權，或要求該保戶更改其支付保費之方式。

轉賬日期將根據保單日期詳述如下：

保單日期	轉賬日期
1-6	1
7-14	7
15-22	15
23-28	23

第一次付款月份 \_\_\_\_\_

The payor of this Direct Debit Authorization should either be the Owner / Insured / Beneficiary of the policy. For application with more than one policy, the policy owner for all policies should be the same person.

此直接付款授權書之付款人必須為此保單之主權人/ 受保人/ 受益人。如直接付款授權書之申請屬多份保單，則保單主權人必須為同一人。

Name of Policy Owner 保單主權人姓名	Signature of Policy Owner 保單主權人簽名	Date 日期
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Consultant Name 顧問姓名 _____	Consultant Code 顧問編號 _____	District/Branch 區域分行 _____
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