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

招商永隆銀行
CMB WING LUNG BANK

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，請聯絡分行職員或致電招商永隆信用卡客戶服務專線3711 6688查詢。
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 Credit Card customer services designated hotline at 3711 6688.

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 & Credit Card Department of CMB Wing Lung Bank Limited, P.O. Box 72569, Kowloon Central Post Office, Kowloon.

重要事項：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」字樣將會顯示於月結單上。在自動轉賬付款服務未生效前，請暫時以其他付款方式繳付招商永隆信用卡賬項。
IMPORTANT NOTE: The processing of the autopay arrangement takes approximately 4-6 weeks. The words “YOUR CREDIT CARD PAYMENT WILL BE SETTLED BY AUTOPAY ON DUE DATE” will appear on your monthly statement upon the setting up of the autopay service. Until the autopay service becomes effective, please settle your CMB Wing Lung Credit Card payment by other methods.

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 any alteration made.

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))

☐ 招商永隆Visa卡 / MasterCard / 銀聯雙幣信用卡港幣賬戶
CMB Wing Lung Visa Card / MasterCard / UnionPay Dual Currency Credit Card HKD Account

賬戶號碼 Account No. : ____-____-____

☐ 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

賬戶號碼 Account No. : C N Y ____

如欲以不同之銀行賬戶設定銀聯雙幣信用卡之港幣賬戶及人民幣賬戶之直接付款授權服務，請分別填寫直接付款授權服務申請書。
Please fill in separate Direct Debit Authorization Services Application Form for each bank account when the designated bank account used for settlement of each UnionPay Dual Currency Credit Card HKD Account / CNY Account is different.

持卡人姓名 Name of Cardholder（請以英文正楷填寫 in BLOCK Letters）：_____

請於每月到期付款日支付下列款項予上述招商永隆Visa卡 / MasterCard / 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 Visa Card / MasterCard / UnionPay Dual Currency Credit Card HKD / CNY Account.

☐ 月結單上「結欠金額」全數。
Full Payment of the "Statement Balance" on the monthly statement.

☐ 月結單上「最低付款額」。
"Minimum Payment" on the monthly statement.

☐ ____ % 本人（等）的賬戶尚欠款項的百分比*
of the current balance of my / our account(s)*

*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」時，付款額將調整至「最低付款額」。
* Note: Percentage rate should be in whole number. If the payment amount calculated from the designated percentage rate is less than the “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	1. 連繫港幣扣賬賬戶 (Linked to HKD Debit Account) ☐ 020-601-00200018	2. 連繫人民幣扣賬賬戶 (Linked to CNY Debit Account) ☐ 020-601-03000028

本人（等）現授權本人（等）之下述銀行，根據受益人不時給予本人（等）銀行之指示，自本人（等）之賬戶內轉賬予上述受益人。
本人（等）同意本人（等）之銀行無須證實該等轉賬通知是否已交予本人（等）。如因該等轉賬而令本人（等）之賬戶出現透支（或令現時之透支增加），本人（等）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，並可隨時以一星期書面通知取消本授權轉賬。
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適用銀行匯率折算。
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 / We hereby authorize my / our below named Bank to effect transfers from my / our account to that of the above Beneficiary in accordance with such instructions as my / our Bank may receive from the Beneficiary 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 the existing overdraft) on my / our account(s) which may arise as a result of any such transfer(s).
I / We agree that should there be insufficient funds in my / our account(s) to meet any transfer hereby authorized, my / our Bank should 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.
I / We acknowledge that if autopay for CNY account of UnionPay Dual Currency Credit Card is made through HKD Dollar savings or current account, the exact amount 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.
I / We agree that the Beneficiary may from time to time change the Credit Card Account Number by notice to my / our Bank without further reference from me / us.
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 ten working days prior to the date on which such cancellation / variation is to take effect.

本人（等）之銀行及分行名稱（如以人民幣繳付銀聯雙幣信用卡之人民幣賬戶，只可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 Account in CNY, only applicable to CMB Wing Lung Bank CNY Account)	銀行編號 Bank No.	分行編號 Branch No.	本人（等）之賬戶號碼 My / Our Account No.

本人（等）在結單 / 存摺上所紀錄之名稱 My / Our Name(s) as recorded on Statement / Passbook	本人（等）之簽署（簽署必須與台端之銀行賬戶簽署相符） My / Our Signature(s) (should correspond with the specimen signature of your Bank Account)	身份證 / 護照號碼 ID Card / Passport No.
本人（等）在結單 / 存摺上所紀錄之地址 My / Our Address as recorded on Statement / Passbook		日期 Date
持卡人之姓名 Name of Cardholder	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.)	

銀行專用 For Bank Use Only	Input	Checker	Signature verified

根據《個人資料（私隱）條例》，閣下可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：香港中環德輔道中45號，招商永隆銀行有限公司，資料保護主任。傳真：2782 3895），此項安排不另收費。
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).