



American International Assurance Company (Bermuda) Limited
(Incorporated in Bermuda with limited liability)

DIRECT DEBIT AUTHORISATION FOR BANK ACCOUNT 銀行戶口直接付款授權書

	Policy Number 保單號碼 <input type="text"/> (B) 1 1 1 1 1 1 1 1 1 (E) 2 2 2 2 2 2 2 2 2 (P) 3 3 3 3 3 3 3 3 3 (A) 4 4 4 4 4 4 4 4 4 (M) 5 5 5 5 5 5 5 5 5 (C) 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 9 9 9 9 9 9 9 9 9 0 0 0 0 0 0 0 0 0	Agent / Broker Code 營業員/經紀組別編號 <input type="text"/> 1 1 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 9 0 0 0 0 0	Area Code 區域編號 <input type="text"/> Agency / Broker Name 營業員/經紀組別 <input type="text"/> Agent / Financial Advisor's Name 營業員/理財顧問姓名 <input type="text"/> Agent / Financial Advisor's Tel. No. 營業員/理財顧問電話號碼 <input type="text"/>	For Office Use CS <input type="radio"/>
	Name of Insured 受保人姓名 <input type="text"/>	H. K. I. D. Card / Passport Number 香港身分證/護照號碼 <input type="text"/>		

Please complete and return this form to the party to be credited. 請依次填寫並將此授權書交給收款之一方

Name of party to be credited (The Beneficiary) 收款之一方(受益人) AMERICAN INTERNATIONAL ASSURANCE CO. (BERMUDA) LTD.
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I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named 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 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 authorised, 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 authorisation at any time on one week's written notice.
 This authorisation shall have effect until further notice.
 I/We agree that any notice of cancellation or variation of this authorisation 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上述受益人。
 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。
 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。

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱 <input type="text"/>	Bank No. 銀行編號 <input type="text"/>	Branch No. 分行編號 <input type="text"/>	My/Our Account No. 本人/吾等之賬戶號碼 <input type="text"/>
My/Our Name as recorded on Statement / Passbook. Separate holder's names with "/". 本人/吾等在結單/存摺上所紀錄之名稱。請用 "/" 分隔聯名戶口。 <input type="text"/>			
Relationship with (Proposed) Insured / Applicant 與(準)受保人/申請人之關係: <input type="checkbox"/> Applicant 申請人 <input type="checkbox"/> (Proposed) Insured (準)受保人 <input type="checkbox"/> Beneficiary 受益人 <input type="checkbox"/> Other(Please Specify) 其他(請註明) (Proposed) Insured / Applicant sign on the right column (準)受保人/申請人須於右方格內簽署	Signature of (Proposed) Insured / Applicant (準)受保人/申請人之簽名 <input type="text"/>	Signature(s) of Bank Account Holder(s) 銀行賬戶持有人簽名# <input type="text"/> <small>(Signature(s) Should Correspond with Specimen Signature(s) Of Your Bank Account 此簽名必須與閣下之銀行賬戶簽名相符)</small>	
Bank Account Holder Document Number (Document Number Should Correspond with Bank Record) 銀行賬戶持有人之證件號碼 (證件號碼必須與銀行紀錄相符) (1) <input type="text"/> (2) <input type="text"/>		Bank Account Holder Document Type* 銀行賬戶持有人之證件類別 (1) <input type="radio"/> I <input type="radio"/> P <input type="radio"/> C <input type="radio"/> B <input type="radio"/> X (2) <input type="radio"/> I <input type="radio"/> P <input type="radio"/> C <input type="radio"/> B <input type="radio"/> X	

NOTE 附註
 # Please ensure that you sign the form as well as alterations, if any, in the usual way that you would sign on your Bank Account. Please use a separate form for each policy number.
 # 請確保此簽名與銀行賬戶簽名相符，並於任何刪改處加上同樣之簽名。請每一份保單填寫一份銀行戶口直接付款授權書。

*Document Type: I = HKID, P = Passport, C = Certificate of Incorporation, B = Business Registration Certificate, X = China ID
 *證件類別 : I = 香港身份證 P = 護照 C = 公司註冊證書 B = 商業登記証 X = 內地身份證

Date 日期
 / /
 MM月 DD日 YYYY年