

SUN LIFE RAINBOW MPF SCHEME
DIRECT DEBIT AUTHORISATION
永明彩虹強積金計劃
直接付款授權書

Date 日期 (dd 日/ mm 月/ yyyy 年)			
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. 帳戶編號
Sun Life Trustee Company Limited	0 0 6	3 9 1	6 1 5 0 3 6 1 4

To be completed by Employer / Self-Employed Person 僱主/自僱人士填寫

Employer Name / Self-employed Person Name (English) 僱主名稱 / 自僱人士姓名 (英文)	
Employer Number 僱主編號	

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 provided always that the amount of any one such transfer shall not exceed the limit indicated below. 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/吾等之帳戶內轉帳予上述受益人。惟每次轉帳金額不得超過以下指定之限額。

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/吾等同意本人/吾等之銀行毋須證實該等轉帳通知是否已交予本人/吾等。

I/We jointly and severally accept full responsibility for my overdraft (or increase in existing overdraft) on my/our account, which may arise as a result of any such transfer(s). 如因該等轉帳而令本人/吾等之帳戶出現透支(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 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. 本人/吾等同意如本人/吾等之帳戶並無足夠款項支付該等授權轉帳, 本人/吾等之銀行有權不予轉帳, 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。

This authorisation shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。

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/吾等之帳戶號碼
My/Our Name(s) as recorded on Statement/Passbook (Please provide the name in English) [#] 本人/吾等在結單/存摺上所記錄的名稱(請填上英文名稱) [#]	My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所記錄之地址		Contact Tel No. 聯絡電話號碼
Debtor's Reference ^{Note 3} 債務人編號 ^{註3}			Limit for Each Payment/Month ^{Note 1} 每次/月付款限額 ^{註1}
My/Our Signature(s) ^{Note 2} 本人/吾等之簽署 ^{註2}			

Please write in block letters. 請用正楷填寫

NOTES 附註:

- If the amount of your payments are likely to vary each time, please set the Limit for Each Payment at the **maximum amount** you would expect to pay at any one time. 如 台端付款之數額每次可能不相同, 則請將最高額定為每次付款之最高限額。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請確保 貴戶在此欄內之簽名, 與銀行帳戶所簽的完全相同。
- In the box marked "Debtor's Reference", please leave **BLANK** for official use. 在債務人編號之欄內, **不須**填上任何資料。此欄須由本公司填寫。

For Bank Use Only 銀行專用	
Remarks 備註	Signature Verified

For office use only: Processed by: _____	Date: _____	Checked by: _____	Date: _____
---	-------------	-------------------	-------------

