

NOTE : Please write in Block Letters and return this form to The Hong Kong General Chamber of Commerce
 注意：請以英文正楷填寫並將此授權書交回 香港總商會

Direct Debit Authorisation 直接付款授權書

Date: _____

Name of party to be credited (The Beneficiary)	Bank No.	Branch No.	Account No. to be credited
The Hong Kong General Chamber of Commerce - PaySmart	004	002	220663-008

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，(根據受益人或其往來銀行不時給予本人 / 吾等銀行之指示) 自本人 / 吾等之賬戶內轉賬予上述受益人，惟每次轉賬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賬通知是否已交予本人 / 吾等。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as result of any such transfer(s).

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。

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。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be give 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/更改生效日最少兩工作天之前交予本人 / 吾等之銀行。

My / Our Bank Name and Branch	Bank No.	Branch No.	My / Our Account No.
My / Our Name as recorded on Statement / Passbook	* Limit for each Payment		
My / Our Address as recorded on Statement / Passbook			
Name of Debtor (to be filled by the Chamber)	** My / Our Signature (s) and chop		
Debtor's Reference (CO Smart Card - Monthly Settlement Account Number , to be filled by the Chamber)			
For Bank Use Only	Signature Verified		

* Limit for Each Payment is the maximum amount of payment you would expect to pay at any one time and should be equal to the PaySmart Stored Value you selected.

* 每次付款之最高限額應相等於商付易開戶時選定之儲值額。

** Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

** 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。