

Day 日 Month 月 Year 年  
Date 日期



ZURICH<sup>®</sup>  
蘇黎世

## Direct Debit Authorization - Living Insurance Series 直接付款授權書—人生保障系列

Private & Confidential 私人及保密文件

Zurich Assurance Ltd and Zurich Life Insurance (Hong Kong) Limited are both members of the Zurich Insurance Group. Zurich Assurance Ltd is the collection agent authorized to act on behalf of Zurich Life Insurance (Hong Kong) Limited to collect premium and levy.

蘇黎世人壽及蘇黎世人壽保險(香港)有限公司均為蘇黎世保險集團成員。蘇黎世人壽獲授權代表蘇黎世人壽保險(香港)有限公司收取保費及徵費。

- I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the below named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount (including but not limited to premium and levy, together with any other charges due thereon) of any one such transfer shall not exceed the limit indicated below.  
本人(等)現授權本人(等)的下列銀行, (根據受益人或其往來銀行及或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予下述受益人。惟每次轉賬金額(包括但不限於保費及徵費, 以及其他有關費用)不得超過以下指定的限額。
- 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(等)同意本人(等)的銀行無須證實該等轉賬通知是否已交予本人(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 a result of any such transfer(s).  
如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加), 本人(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 authorized, 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 authorization at any time on one week's written notice.  
本人(等)同意如本人(等)的戶口並無足夠款項支付該等授權轉賬, 本人(等)的銀行有權不予轉賬, 且銀行可收取慣常的收費, 並可隨時以一星期書面通知取消本授權書。
- This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of two years, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization.  
本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立直接付款授權的戶口連續兩年內未有根據本授權書而作出過賬的紀錄, 本人(等)的銀行保留權利取消本直接付款安排而無須另行通知本人(等), 即使本授權書並未到期或未有註明授權到期日。
- 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 two working days prior to the date on which such cancellation/variation is to take effect.  
本人(等)同意, 本人(等)取消或更改本授權書的任何通知, 須於取消更改生效日最少兩個工作天之前交予本人(等)的銀行。

Name of Party to be Credited (The Beneficiary) 收款的一方(受益人)		Bank no. 銀行號碼	Branch no. 分行號碼	Account no. 戶口號碼
<b>Zurich Assurance Ltd</b>		<b>0 0 4</b>	<b>1 1 1</b>	<b>2 7 5 7 1 5 0 0 1</b>
My/Our bank name and branch 本人(等)的銀行及分行的名稱		Bank no. 銀行號碼	Branch no. 分行號碼	Account no. 戶口號碼
*My/Our name(s) as recorded on statement/passbook *本人(等)在結單存摺上所記錄的名稱		Contact telephone no. 聯絡電話號碼		
*Limit for each* payment/month* 每次/月付款的*限額 Unlimited 不設上限	*Expiry date (DD/MM/YYYY) †到期日(日/月/年) Nil 無	My/Our address as recorded on statement/passbook 本人(等)在結單/存摺上所記錄的地址		
*Name of debtor (if other than Account Holder) *債務人的姓名(若非戶口持有人)		†My/Our signature(s) †本人(等)的簽署		
†Debtor's reference (First 6 digits of Policy no.) †債務人參考(保單編號首6個數字) A	†Debtor's reference (First 6 digits of Policy no.) †債務人參考(保單編號首6個數字) A			
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For bank use only 銀行專用	Remarks	Signature verified		

\*Please delete as appropriate. \*請刪去不適用者。 \*Please write in Block Letters. \*請以英文正楷填寫。

†Note †附註:

- Account Holder's signature is required for any alteration made in the boxes of "Limit for each payment/month" and "Expiry date", 如合端於「每次/月付款的限額」及「到期日」兩欄內有任何塗改, 則須加簽確認。
- 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的簽名, 與銀行戶口所簽者完全相同。
- In the box marked "Debtor's reference" enter your policy number(s). 在債務人的參考欄內, 請填寫貴戶的保單編號。
- If "Limit for each payment/month" is not specified, the debtor's bank will set the limit as "unlimited". 如「每次/月付款的限額」一欄未有填上, 債務銀行會將轉賬限額設定為「不設上限」。

Remark: Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. Therefore, the policyholder is required to pay the prescribed levy along with the premium/contribution. For further information, please visit [www.zurich.com.hk/ia-levy](http://www.zurich.com.hk/ia-levy).

註: 保險業監管局已向相關保單按照適用的徵費率收取保費徵費。因此, 保單持有人於繳付保費/供款時, 須同時繳付徵費。更多有關保費徵費資料, 請瀏覽 [www.zurich.com.hk/ia-levy](http://www.zurich.com.hk/ia-levy)。

Zurich Assurance Ltd (a company incorporated in England and Wales with limited liability)  
Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)  
Website: [www.zurich.com.hk](http://www.zurich.com.hk)

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