

Our Company requires that the account should be settled through autopay service. In this connection, please complete the following 'Direct Debit Authorization' (The direct debit authorization will be submitted to bank for autopay processing)
 貴戶必須採用銀行自動轉賬方式結賬，請填妥以下表格：直接付款授權書。（直接付款授權書將被本公司交予銀行以便辦理自動轉賬手續）

AUTOPAY SERVICE - DIRECT DEBIT AUTHORIZATION 自動轉賬 - 直接付款授權書

| | | | |
|--|----------------------------------|------------------------------------|--|
| NAME OF PARTY TO BE CREDITED (THE BENEFICIARY) 收款之一方 (受益人) PIONEER DYNAMIC LIMITED 鋒生有限公司 | BANK NO. 銀行編號 0 1 5 | BRANCH NO. 分行編號 1 5 3 | ACCOUNT NO. TO BE CREDITED 收款賬戶號碼 4 0 0 2 4 4 2 3 |
|--|----------------------------------|------------------------------------|--|

I/We hereby authorize 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.

本人(等)/本公司現授權本人(等)/本公司之下述銀行，(根據受益人不時給予本人(等)/本公司之銀行之指示)自本人(等)/本公司之賬戶內轉賬予上述受益人。

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)/本公司同意本人(等)/本公司之銀行無須證實該等轉賬通知是否已交予本人(等)/本公司。

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)/本公司之賬戶出現透支(或令現時之透支增加)，本人(等)/本公司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)/本公司同意如本人(等)/本公司之賬戶並無足夠款項支付該等授權轉賬，本人(等)/本公司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。

This authorization 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 authorization which I/we may give to my/our Bank shall be given at least seven working days prior to the date on which such cancellation/variation is to take effect.

本人(等)/本公司同意，本人(等)/本公司取消或更改本授權書之任何通知，須於取消/更改生效日最少七個工作天之前交本人(等)/本公司之銀行。

PLEASE COMPLETE SECTIONS 1-5 SHOWN BELOW 請填妥下列 1 至 5 各項及寄回表格

| | | | |
|---|--|--------------------|--------------------------------------|
| 1. MY/OUR BANK NAME AND BRANCH NAME 本人(等)/本公司之銀行及分行之名稱 | 2. BANK NO. 銀行編號 | BRANCH NO. 分行編號 | MY/OUR ACCOUNT NO. 本人(等)/本公司之賬戶號碼 |
| 3. NAME(S) OF BANK ACCOUNT HOLDER(S) 銀行賬戶持有人姓名 | 4. SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) 銀行賬戶持有人簽名 | | |
| 5. CONTACT TEL/PAGER/MOBILE 聯絡電話/傳呼機/手提電話 | | | |
| FOR BANK USE ONLY 由銀行填寫 | SIGNATURE(S) VERIFIED 簽署核對 | | |

FOR COMPANY USE ONLY 以下由本公司填寫

| | | |
|--------------------------|----------------------------|----------------------------|
| NAME OF CUSTOMER 客戶姓名 | DEBTOR'S REFERENCE 客戶備註 | DATE OF COMPLETION 填寫日期 |
|--------------------------|----------------------------|----------------------------|

NOTES:

- I Please ensure that you sign the form as alterations, if any, in the usual way that you would sign on your Bank account.
- I Approximately 8-10 weeks will be required for processing of your Autopay.
- I For enquiries, please call our customer service hot line : **2301 2323**.

附註：

- I 請保證台端在此授權書內之簽名與銀行賬戶所簽署完全相同，並於任何刪改處加上同樣之簽名。
- I 申請自動轉賬服務需時約 8-10 星期。
- I 如有疑問，歡迎致電本公司客戶服務熱線：**2301 2323**。