

保險公司 INSURER				
忠誠澳門人壽保險股份有限公司 Fidelidade Macau Life — Insurance Company Limited 澳門南灣大馬路 567 號大西洋銀行大廈 14 樓 Av. Praia Grande No. 567, Edificio BNU 14/F, Macau 電話 Tel (853) 2833 9472 傳真 Fax (853) 2833 8549 電郵 E-mail: info@fidelidade.com.mo 網址 Website: www.fidelidade.com.mo				
產品 PRODUCT				
自動轉帳資料 AUTOPAY INFORMATION				
自動轉帳編號 (由保險公司填寫) Autopay Reference (To be filled in by the Insurer)				
申請人資料 APPLICANT'S INFORMATION				
姓名 Name				
聯絡電話 Contact No.		電郵 Email		
致: 大西洋銀行 ("銀行") To: BANCO NACIONAL ULTRAMARINO, S.A. ("the Bank")				
本人(等)授權忠誠澳門人壽保險股份有限公司(下稱"保險公司")從本人(等)下列付款帳戶扣取有關上述產品之保費/供款, 直至本人(等)另行發出書面通知。 I/We hereby authorize Fidelidade Macau Life — Insurance Company Limited (hereinafter referred to as "the Insurer") to debit the premium/contribution of the above product from my/our below Payment Account until further written notice from me/us:				
付款帳戶 Payment Account	銀行帳戶 Bank Account	帳戶持有人姓名 Account Holder Name		
		帳戶號碼 Bank Account Number		
		帳戶幣別 A/C Currency:	<input type="checkbox"/> 澳門幣 MOP <input type="checkbox"/> 港幣 HKD	
	信用卡帳戶 Credit Card Account	持卡人姓名 Cardholder Name		
		信用卡號碼 Card Number		
		<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express 發卡銀行 Issuing Bank _____		
付款上限 Payment Limit				
收款帳戶號碼 A/C to be Credited		<input type="checkbox"/> 9001183637 (MOP) <input type="checkbox"/> 9001183654 (HKD)		
<p>1) 如保險公司收款幣別與本人(等)付款帳戶幣別不同, 本人(等)同意及授權銀行及/或保險公司可根據其決定的匯率將轉帳款項兌換成保險公司之收款貨幣。 I/We agree that in case the amount claimed by the Insurer is in a currency other than my/our Payment Account, the Bank and/or the Insurer is/are authorized to convert the said amount to the currency of my/our payment account at the exchange rate determined by the Bank and/or the Insurer.</p> <p>2) 本人(等)同意如相關款項未能自本人(等)付款帳戶支付, 一切責任及後果, 概與銀行及/或保險公司無涉。本人(等)同意如付款帳戶餘額或信用額不足時, 銀行及/或保險公司將不負責代行支付。 I/We agree that the Bank and/or the Insurer shall not be held responsible for any consequence(s) as a result of unsuccessful transfer of fund(s) from my/our Payment Account. I/We agree that should there be insufficient funds or credit limits in my/our Payment Account, the Bank and/or the Insurer shall not be responsible for not having effected such transfer(s).</p> <p>3) 如因該等轉帳而令本人(等)付款帳戶出現透支(或令現時之透支增加), 本人(等)願承擔全部責任。 I/We accept full responsibility for any overdraft (or increase in existing overdraft) on my/our Payment Account that may arise as a result of any such transfer(s).</p> <p>4) 如有任何令授權書失效之變更或取消, 本人(等)必須書面通知銀行或保險公司。銀行或保險公司在收到書面通知前, 本授權書仍繼續有效。 Any variation or cancellation of this authorization has to be given by notice in writing to the Bank or the Insurer. This authorization shall remain valid unless such notice is given to and received by the Bank or the Insurer.</p> <p>5) 本人(等)簽署此授權書即代表確認接受自動轉帳服務之一切條款。 By signing this authorization, I/we confirm acceptance of all the conditions in force for the Direct Debit Service.</p>				
		澳門 Macau, ____/____/_____ (日 DD / 月 MM / 年 YYYY)		
帳戶持有人簽署 Signature(s) of A/C Holder(s) (須與帳戶簽署式樣相同 Should correspond to specimen)				
保險公司內部專用 INSURANCE COMPANY INTERNAL USE				
Sales Unit/Agent	Branch	Staff No.	Remarks	