

直接付款授權書

Direct Debit Authorization Form



填妥申請表，請傳真至**2399 9898**或郵寄至**九龍中央郵政總局郵政信箱73071號**。
Please complete the form and return by fax to **2399 9898** or mail to **Kowloon Central PO Box73071**.

如有查詢，請致電客戶服務熱線 **2399 9888**。
For enquiries, please call our Customer Service Hotline **2399 9888**.

收款之一方 (受益人) Name of Party to be Credited (The Beneficiary)
無綫收費電視有限公司 TVB PAY VISION LIMITED

銀行編號 分行編號 收款賬戶號碼
Bank No. Branch No. Account No. to be credited
003 447 16605964

本人 / 吾等現授權及指示下列表格內之銀行辦理從下列表格內所指定之本人 / 吾等銀行賬戶轉賬支付款項予無綫收費電視有限公司，並在受益人要求下支付受益人。

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of TVB PAY VISION Limited in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.

本人 / 吾等同意本人 / 吾等之銀行無須證實該付款通知是否已送達本人 / 吾等。

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 / 吾等同意若由於此轉賬指示引致本人 / 吾等賬戶透支或增加透支，本人 / 吾等願共同及個別承擔全部責任。

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).

本人 / 吾等確定本人 / 吾等於下列表格上之簽署與本人 / 吾等指示轉賬以支付款項之儲蓄或來往戶口之簽署式樣完全相同。

I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

本人 / 吾等同意，如有任何關於賬戶之改變，或取消此付款方法，會通知無綫收費電視有限公司(受益人)。本人 / 吾等並同意如賬戶並無足夠款項支付該等授權轉賬，銀行有權不予轉賬，且銀行可向本人 / 吾等收取慣常之收費。

I/We agree to notify TVB PAY VISION Limited (the beneficiary) of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本授權書有效期至另行通知為止。

This authorization shall have effect until further notice.

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或更改生效日最少兩個工作天之前交予銀行及受益人。

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 and at the same time such notice shall be given to the beneficiary.

本人 / 吾等同意，如銀行自動轉賬無效或銀行不予轉賬，無綫收費電視有限公司(受益人)有權向本人 / 吾等之無綫收費電視賬戶徵收額外費用。(包括手續費或解碼器按金等)

I/We agree that if the Direct Debit Authorization is invalid / rejected by Bank, TVB PAY VISION Limited (the beneficiary) shall be entitled to impose a relevant charge (including handling fee or converter deposit etc.) to my / our TVB PAY VISION Account.

如以上中文譯本與英文原本之文義有歧異時，應以英文本為準。

請以英文填寫 Please complete in English

付款銀行 TO DEBIT FROM		
銀行名稱 Bank Name	分行名稱 Branch Name	賬戶編號 Bank Account No.
銀行賬戶持有人資料* INFORMATION OF BANK ACCOUNT HOLDER(S)*		
姓名 Name(s)	證件類別及號碼 (與銀行紀錄相同) Type of ID Document & Number (same as Bank record)	
地址 Address	<input type="checkbox"/> 香港身份證號碼 HKID number : _____ <input type="checkbox"/> 護照號碼 Passport number : _____ <input type="checkbox"/> 商業登記證號碼 Business Registration : _____ <input type="checkbox"/> 公司註冊證書 Certificate of Incorporation : _____	
日間聯絡電話 Day-Time Contact Tel. No.	有限公司需提供商業登記證及公司註冊證書之證件號碼 For Limited Company please provide number of the Business Registration and Certificate of Incorporation	
繳付以下賬戶的款項 TO PAY FOR		
無綫收費電視用戶姓名 Name of TVB PAY VISION Subscriber	無綫收費電視賬戶號碼 TVB PAY VISION Account No.	
銀行賬戶持有人簽署 Valid Signature(s) of Bank Account Holder(s)	日期 Date	
此簽署必須與閣下之銀行賬戶簽署相符 Signature(s) should correspond with specimen signature(s) of Bank Account		
本公司專用 For Office Use Only	Date received	

*如閣下之銀行賬戶為聯名賬戶，請填寫所有賬戶持有人之姓名及證件號碼。
For joint account, please provide names and numbers of ID Document of all account holders.

辦理有關手續需時約六至八星期。手續辦妥後，閣下的月結單將註明以自動轉賬付款。
It takes approximately 6-8 weeks for processing. Your monthly statement will indicate when autopay is in place.