

Canon Hongkong Company Limited Direct Debit Authorization Form

佳能香港有限公司直接付款授權書

Please complete and send the form to our office at 5/F., Tower A, China Life Center, 18 Hung Luen Road, Hung Hom, Kowloon, Hong Kong

Attn : F&A Department.

填妥表格後請寄回香港九龍紅磡紅鸞道 18 號中國人壽中心 A 座 5 樓佳能香港有限公司會計部收。

IMPORTANT : The processing of the autopay arrangement takes approximately 4-6 weeks. The word "BY AUTOPAY" will appear on your invoice payment stub upon the setting up of the autopay service. Until the autopay service becomes effective, please settle your invoice payment by other methods.

重要事項：辦理是項自動轉賬服務之手續需時約 4-6 星期，手續辦妥後，“AUTOPAY”字樣將會顯示於閣下之發票存根上。在自動轉賬付款服務未生效前，請暫時以其他付款方式支付發票賬項。

Name of party to be credited (The Beneficiary) 收款之一方 (受益人) CANON HONGKONG COMPANY LIMITED	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
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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.

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.

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).

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.

This authorisation shall have effect until further notice or until the below written expiry date (which shall first occur).

I/We agree that any notice of cancellation or variation of this authorisation 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/ 吾等現授權本人/ 吾等之下述銀行 (根據受益人不時給予本人/ 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。

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。

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。

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。

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 (以兩者中最早之日期為準)。

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/ 更改生效日最少兩個工作天之前交予本人/ 吾等之銀行。

My/Our Bank Name and Branch 本人/ 吾等之銀行及分行之名稱		Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人/ 吾等之賬戶號碼
My/Our Name as recorded on Statement/Passbook 本人/ 吾等在結單/ 存摺上所紀錄之名稱		My/Our Address as recorded on Statement/Passbook 本人/ 吾等在結單/ 存摺上所紀錄之地址		
Limit for each Payment 每次付款之限額	Expiry Date (See Notes Below) 到期日 (請參閱下列各點) DD/MM/YY	My/Our Signature(s) 本人/ 吾等之簽名		Date 日期
Name of Debtor (if other than account holder) 債務人之姓名 (若非賬戶持有人)				Customer Code / Debtor Reference 客戶號
For Bank Use Only 以下由銀行填寫				Signature Verified

NOTES 附註：

- 1) If the amount of your payments are likely to vary each time, set the limit for each payment at the maximum amount you would expect to pay at any one time.
- 2) This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked 'Expiry Date'. If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
- 3) Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
 - 1) 如 台端付款之數額每次可能不相同，則請將最高者定為每次付款之最高限額。
 - 2) 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲本直接付款授權書無限期有效 (或直至 貴戶予以撤銷為止)，則請將該欄留空。
 - 3) 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。

* Delete whichever is not appropriate. 請刪去不適用者。

GF0250799(SPC)

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Name of party to be credited (The Beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
CANON HONGKONG COMPANY LIMITED	此欄由 Canon 填寫	此欄由 Canon 填寫	此欄由 Canon 填寫

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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。

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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。

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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/ 更改生效日最少兩個工作天之前交予本人/ 吾等之銀行。

My/Our Bank Name and Branch 本人/ 吾等之銀行及分行之名稱 e.g. The Hongkong and Shanghai Banking Corporation Limited (可向有關銀行查詢)	Bank No. 銀行編號 e.g. 004 (可向有關銀行查詢)	Branch No. 分行編號 e.g. 123 (可向有關銀行查詢)	My/Our Account No. 本人/ 吾等之賬戶號碼 e.g. 123-456789 (銀行戶口號碼, 不接受信用咭戶口) *戶口號碼不多於 9 位數字
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My/Our Name as recorded on Statement/Passbook 本人/ 吾等在結單/ 存摺上所紀錄之名稱 e.g. ABC Company Limited (銀行戶口上的公司名稱)	My/Our Address as recorded on Statement/Passbook 本人/ 吾等在結單/ 存摺上所紀錄之地址 5/F., Tower A, China Life Center, 18 Hung Luen Road, Hung Hom, Kowloon, Hong Kong (銀行戶口上所紀錄之地址)
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Limit for each Payment 每次付款之限額 可選擇填寫(\$2000/\$5000) 或留空 (如留空即代表無限額)	Expiry Date (See Notes Below) 到期日 (請參閱下列各點) DD/MM/YY (可選擇填寫 合約到期日 或留空)	My/Our Signature(s) 本人/ 吾等之簽名 銀行戶口上的簽署及蓋印	Date 日期 (可選擇填寫或留空)
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Name of Debtor (if other than account holder) 債務人之姓名 (若非賬戶持有人) 請填上與我司交易的公司名稱	Customer Code / Debtor Reference 客戶號 C A 0 0 1 2 3
For Bank Use Only 以下由銀行填寫 不用填寫	

請參考發票右上
角的客戶編號

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- 6) Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
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- 6) 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。

* Delete whichever is not appropriate. 請刪去不適用者.

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