直接付款授權書 DIRECT DEBIT AUTHORIZATION

佃豐行集團有限公司
TIEN FUNG HONG HOLODINGS LIMITED

填妥本授權書後，請交回收款人(受益人)　PLEASE COMPLETE AND RETURN THIS FORM TO THE PARTY TO BE CREDITED (THE BENEFICIARY)

收款人名稱(受益人) NAME OF PARTY TO BE CREDIT (THE BENEFICIARY)	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶號碼 A/C No. to be Credited
Tien Fung Hong Holdings Ltd.	041	261	10-119871-5

本人(等)/ 本公司現受權本人(等)/ 本公司之下述銀行，(根據受益人不時給予本人(等)/ 本公司銀行之指示) 自本人(等)/ 本公司之賬戶內轉賬予上述受益人。惟每次轉賬付款金額不得超過以下指示之限額。本人（等）/ 本公司同意本人（等）/ 本公司之銀行毋須核實該等轉賬通知是否已交予本人（等）/ 本公司。如因該等轉賬而致本人（等）/ 本公司之賬戶出現透支（或增加現時透支），本人（等）/ 本公司願共同及各別承擔全部責任。 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，且銀行可向本人（等）/ 本公司收取費用。銀行可隨時以不少於 7 天之書面通知予本人（等）/ 本公司取消就本授權書之服務。 本授權書將繼續生效直至另行通知或直至上述到期日為止（以較早之日期為準）。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 / 更改生效日最少兩個營業日之前交予銀行。	I/We hereby authorize my/our below named Bank to effect transfers of payment from my/our Account to the above named Beneficiary's Account in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time provided always that the amount of each of such transfers shall not exceed the Maximum 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. 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 sole discretion, not to effect such transfer in which event the Bank may charge its fee(s) from me/us and that the Bank may cancel its services for this authorization at any time with not less than 7 days' written notice to me/us. This authorization shall have effect until further notice in writing by me/us to the Bank or until the above Expiry Date (whichever shall be the earlier). To cancel or vary this authorization, I/We shall give written notice to the Bank of not less than two business days prior to the effective date of such cancellation/variation.

本人(等)/本公司之銀行及分行名稱 My/Our Bank and Branch Name	銀行編號 Bank No.	分行編號 Branch No.	付款賬戶號碼 A/C No. to be Debited

本人(等)/本公司之英文名稱 My/Our Account Name in English	本人(等)/本公司之通訊地址 My/Our Address
本人(等)/本公司之中文名稱 My/Our Account Name in Chinese	
債務人名稱 Name of Debtor	債務人備註 參考附註一) Debtor's Reference (See Note 1)
每次支付限額(參考附註二) Limit for Each Payment (See Note 2)	本人(等)/本公司之簽署 (參閱附註四) My/OurSignature(s) (See Note 4)
授權書到期日 (參考附註三) Authorization Expiry Date (See Note 3)	
填寫日期 Date of Completion	

此欄由銀行填寫 For Bank Use Only	Signature Verified

附注:

(一) '債務人名稱' 與 '債務人備註' 均不用填寫。

(二) 若貴戶支付之金額可能每次不盡相同者，則請在此格填寫每次支付之最高金額。

(三) 本受權書將於'授權書到期日' 格內所示之日期自動取消；貴戶欲想本授權書持續有效直至另行通知為止，可留空不填此格。

(四) 請以貴戶留存於銀行之簽署式樣簽署。

NOTES:

(1) No need to filled-in the box marked 'Name of Debtor' &' Debtor's Reference'.

(2) If the amount of your each payment is likely to vary from time to time, please set the limit for each payment at the maximum amount you would expected to pay at any one time.

(3) This Direct Debit Authorization will be cancelled automatically on the date indicated in the box marked 'Authorization Expiry Date'. If you wish the Direct Debit authorization to have effect indefinitely until further notice, please leave the box blank.

(4) Please use the signature(s) filed in the Bank.