「運通快線」授權表格 Card Direct (Pay by Phone) Authorization Form

辦理此項授權手續需時45天。申請一經接納，此項授權將適用於下列填寫之美國運通卡賬戶，讓閣下虧透過電話繳付賬項。但這並非一項定期的自動轉賬指示，請就每次繳付指示致電編印在您的美國運通卡背面之會員熱線。並且，閣下同意如日後欲取消或更改此項授權，將會於最少十四天前通知美國運通國際股份有限公司。

Your authorization request takes about 45 days to process. Once approved, this authorization will apply to the Card account nominated below and allow you to effect payments by phone. However, this is not a standing instruction to pay American Express. Please call us using the telephone number printed on the back of your card to give instructions for each payment transaction you wish to make. If you wish to cancel or amend this authorization, you agree to notify American Express International, Inc. at least 14 days prior.

*必須填寫 Required field

美國運通卡賬戶號碼 American Express Card Account No.*					—						—					

收款之一方(收款人) Name of party to be credited (The Beneficiary)	銀行編號 Bank no.			分行編號 Branch no.			收款賬戶之號碼 A/c no. to be credited								
美國運通國際股份有限公司 American Express International, Inc.	0	0	4	1	1	1	1	5	9	6	0	4	0	0	1

本人 (等) / 本公司之銀行及分行之名稱 My / Our bank name and branch*	銀行編號 Bank no.*	分行編號 Branch no.*	本人 (等) 之賬戶號碼 My / Our a/c no.*

銀行賬戶持有人姓名 Name(s) of bank account holder(s)*	本人 (等) 之聯絡電話 My / Our contact phone no.(s)

美國運通卡會員姓名 Name of American Express Cardmember*
(若有別於銀行賬戶持有人 If different from bank account holder(s))

銀行賬戶持有人簽署 Signature(s) of bank account holder(s)*

Ⓧ

日期
Date

您的簽名式樣必須與您授權銀行的賬戶簽名一致。
Your signature(s) here should match the signature(s) held at your bank.

請依次填寫，並將此授權書交給收款之一方。
Please complete and return this form to American Express International, Inc.

本申請表格的中、英文本如有任何差別，概以英文本為準。
If there is any difference between the English and Chinese language text, for all purposes the English text shall be conclusive.

如屬商務卡 / 商務金卡 / 自僱之美國運通香港牙醫學會商務金卡會員，請在簽名上加上公司蓋印。
For Business Card / Gold Business Card / self-employed American Express Hong Kong Dental Association Gold Business Card members, please include your company chop with your personal signature.

由公司填寫 For Company Use Only

債務人參考 Debtor's Reference											

備註
Remarks

簽署核實
Signature verified

聲明 Declaration:

1. 本人(等)現授權本人(等)的上述銀行，(根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示) 自本人(等)的戶口內轉賬予上述收款人。而每月透過銀行之付款額將不設上限。
   I/We hereby authorize my/our above Bank to effect transfers from my/our account to that of the above beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time. The Bank will have no limit set for each payment it makes.
2. 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等) 。
   I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any transfer has been given to me/us.
3. 如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加)，本人(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).
4. 本人(等)同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有權根據本人(等)的銀行之有關戶口的條款及細則處理有關情況。
   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 to deal with the situation in accordance with the Terms and Conditions governing my/our Bank account.
5. **本授權書將繼續生效直至另行通知為止。**本人(等)同意如在本人(等)的銀行所設的時限內未有根據本授權而作出過賬的紀錄，本人(等)的銀行保留權利取消本轉賬安排而毋須另行通知本人(等)，即使本授權書並未到期或未有註明授權到期日。
   This authorization shall have effect until further notice.
   I/We agree that if no transaction is performed on my/our account under such authorization for a specified period of time as prescribed by my/our Bank, my/our Bank reserves the right to cancel the arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for authorization.
6. 本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行。
   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 2 days prior to the date on which such cancellation/variation is to take effect.

請填妥此表格，並寄回：
香港中央郵箱11336號，美國運通國際股份有限公司收。

Please return the completed form to :
American Express International, Inc.
P.O. Box 11336, General Post Office, Hong Kong

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