

美國運通卡自動轉賬授權表格

AMERICAN EXPRESS® CARD  
AUTOPAY AUTHORIZATION FORM

POSTAGE  
WILL BE  
PAID BY  
LICENSEE

BUSINESS REPLY SERVICE  
LICENCE No.3051

American Express International, Inc.  
HKROC Cardmember Services  
P O Box 11336  
General Post Office  
Hong Kong

NO POSTAGE STAMP  
NECESSARY IF  
POSTED IN  
HONG KONG



American Express International, Inc.  
(Incorporated with Limited Liability in U.S.A.)

18/F, Cityplaza 4, 12 Taikoo Wan Road, Taikoo Shing, Hong Kong

辦理自動轉賬手續約需時45天，申請一經接納，本公司會在月結單上顯示自動轉賬已經正式生效。

Your autopay request takes about 45 days to process. Once it's approved, a note confirming your autopay will appear on your statement.

**Centurion®卡 / 美國運通白金卡 / 美國運通卡 / 金卡 / 商務卡 / 商務金卡 / 半島白金卡 / 半島金卡**會員: 您指定的銀行戶口會在月結單所示截數日期後10天，自動轉賬繳付您的運通卡賬項。

For **Centurion® Card / The Platinum Card® / American Express® Card / Gold Card / Business Card / Gold Business Card / Peninsula Platinum Card / Peninsula Gold Card** member: Funds will be debited from your bank account 10 days after the statement date to pay your Card bill.

**美國運通Blue Cash<sup>SM</sup>信用卡 / 美國運通信用卡 / 白金信用卡 / 信用卡 / 國泰航空信用卡 / 國泰航空尊尚信用卡 / 長江運通卡**會員: 請選擇以下一項付款指示。

For **Blue Cash<sup>SM</sup> Credit Card from American Express / American Express Credit Card / Platinum Credit Card / Gold Credit Card / Cathay Pacific Credit Card / Cathay Pacific Elite Credit Card / Cheung Kong Card** member: Please check one of the following boxes.

請於每月到期付款日，自動繳付每月月結單上所示的最低還款額。

Please settle the Minimum Payment as stated in each monthly statement, on Payment Due Date.

本人已在下方表格填寫自定的繳付結欠百分率。本人明白可選擇佔總結欠款項的任何百分率，由最低還款率至全數還款率(即100%)不等。如本人選擇的百分率低於最低還款率，或高於全數還款率(即100%)，本人即授權美國運通於必要時調高百分率至最低還款率，或調低至全數還款率。

請於每月到期付款日，自動繳付本人每月月結單中總結欠款項的   .00%。

I have inserted my preferred payment percentage in the following boxes. I understand that I may select any percentage of my outstanding balance between Minimum Payment and full payment (ie: 100%). If I select a percentage less than Minimum Payment or more than 100% of my total outstanding balance, I hereby authorize American Express to round up to the minimum payment or down to my total outstanding balance as may be necessary.

Please settle   .00% of my total outstanding balance as stated in each monthly statement, on Payment Due Date.

請於每月到期付款日，自動轉賬繳付每月月結單上所示的總結餘。本人明白若本人選擇此項服務，每月月結單上所示的最低還款額，即為該月的總結餘。

Please settle the Full New Balance as stated in each monthly statement, on Payment Due Date. I understand that if I select this option, the Full New Balance will be shown in the Minimum Payment column on the monthly statement.

如沒有註明任何選擇，則將被設定為每月繳付月結單上之總結欠。If no option is chosen, the monthly payment will be set as the full amount due.

## 自動轉賬授權表格 Autopay Authorization Form

當填寫下列表格時，如須作出任何刪改，請於刪改之位置旁簽署，簽名式樣必須與您授權銀行的賬戶簽名一致。申請一經接納，自動轉賬授權將適用於閣下現時之美國運通卡賬戶。並且，閣下同意日後如欲取消或更改此自動轉賬授權，將會於最少十四天前通知美國運通國際股份有限公司。

To ensure speedy processing, please sign your bank account signature(s) for any corrections you make on this Authorization Form. Once completed, this autopay authorization will apply to your present Card account. If you wish to cancel or amend this autopay 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.*																				
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收款之一方(收款人) Name of party to be credited (The Beneficiary) <b>美國運通國際股份有限公司 American Express International, Inc.</b>	銀行編號 Bank no. 0   0   4	分行編號 Branch no. 1   1   1	收款賬戶之號碼 A/c no. to be credited 1   5   9   6   0   4   0   0   1
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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.*
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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)
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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))
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銀行賬戶持有人簽署 Signature(s) of bank account holder(s)*	日期 Date
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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/或代理人不時給予本人(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. **本自動轉賬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自動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 autopay 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 autopay 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.