

修改直接付款授權書

Amendment of Direct Debit Authorization (DDA-A)

致: 中國銀行(香港)有限公司(“銀行”)
To: Bank of China (Hong Kong) Limited (the “Bank”)

本人(等)/本公司(附表一)擬修改下列(附表二)直接付款授權,並確認知悉及同意此修改授權須自 貴銀行收到此通知書日起計 4 個工作天後始能生效。

I/We, whose particulars are set out in Schedule 1 hereof, hereby amend the Direct Debit Authorization listed in Schedule 2 below and further acknowledge and agree that 4 working days from the date of your receipt of this notice will be required for this amend to take effect.

附表一

本人(等)/本公司在 貴銀行賬號 My / Our A/C No. in your Bank (不接受更改 Does not accept the change)	* 本人(等)/本公司在 貴銀行賬戶(如結單 / 存摺)所紀錄之英文名稱 My / Our Name(s) IN ENGLISH on your record (e.g. Statement / Passbook)

附表二

收款人銀行賬戶號碼/識別代號/收款人編號 Beneficiary's Bank A/C No. / Proxy ID / Customer ID (不接受更改 Does not accept the change)	* 收款人名稱 Name of Beneficiary
債務人參考編號 Debtor's Reference Number (不接受更改 Does not accept the change)	* 到期日 Expiry Date
* 付款週期 (請選擇下列一項) Payment Periodicity (Please select one of the following items)	
<input type="checkbox"/> Per Payment 每次 <input type="checkbox"/> Per Month 每月 †每月最高交易次數/ Maximum Count(s) Per Month: _____	
* <input type="checkbox"/> 週期內付款限額 / <input type="checkbox"/> 固定付款金額 (請選擇其中一項) Payment Limit Per Period / Collection Amount (Please select one of the items)	
以下由銀行填寫 For Bank Use Only	

* 必須填寫所有欄位資料。如沒有填寫, 將被視為不作修改。 All fields must be inputted. If you do not input, the field will not be amended.

* 只限接受修改收付款人名稱、到期日、付款週期、週期內付款限額/固定付款金額及†每月最高交易次數。 Only Name of Beneficiary, Expiry Date, Payment Periodicity, Payment Limit Per Period/Collection Amount and Maximum Count(s) Per Month† can be amended.

† 只適用於付款週期為“每月”。 Only for Payment Periodicity is “Per Month”.

簽署 : _____
Signature(s) :

日期 : _____
Date :

銀行專用 For Bank Use Only			
核實 / Verified by	1 st	2 nd	備註 / Remarks: