YFLife
萬通信託

DIRECT DEBIT AUTHORISATION 直接付款授權書

Please complete and return this form to the party to be credited. 請填妥此授權書並交予收款之一方。

Name of party to be credited (The Beneficiary) 收款之一方(受益人)	**YF Life Trustees Ltd. – MPF**

I/We hereby authorize 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.

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／吾等之賬戶內之轉賬予上述受益人。

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.

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。

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).

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／吾等願意共同及個別承擔全部責任。

I/We agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, 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 authorization at any time on one week's written notice.

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，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。

This authorization shall have effect until further notice.

本授權書將繼續生效直至另行通知為止。

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 two working days prior to the date on which such cancellation / variation is to make effect.

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。

I/We understand that all payments under this authorization are the contributions payment due under my/our MPF schemes with the above named beneficiary as specified as below.

本人／吾等明白所有根據本授權書之付款均為支付在債務人參考欄內列明由上述受益人發與本人／吾等之強積金供款。

Bank Name 銀行名稱	Branch Name 分行名稱	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 (Please complete in English) 本人/吾等在結單/存摺上所紀錄之名稱 (請以英文填寫)	My/Our Address as recorded on Statement/Passbook 本人吾等在月結單/存摺上所紀錄之地址	
My/Our Signature(s) 本人/吾等之簽名 (Signature (s) must agree with your Bank's Record) (簽名必須與銀行賬戶檔案完全相同)	My/Our HKID Card/Passport No. / Business Registration No./ Certificate of Incorporation* 本人/吾等之香港身分證/護照號碼/商業登記號碼/公司註冊證書號碼*	Date 日期： (MM/DD/YY) (月/日/年)

Debtor's Reference - Scheme No. **(without "MAS")** plus Affiliated No. 債權人參考 – 計劃編號 **(不包括"MAS")**加上附屬公司編號	Name of Employer 僱主名稱

** Please delete whichever inapplicable. 請刪去不適用項目*