<u>Membership Fee –</u> <u>Credit Card Direct Debit Authorization Form</u>

缴付會費-信用卡直接付款授權書

Name of party to be credited 收款之一方 The Life Underwriters Association of Hong Kong Ltd. 系洪人妻保险公業員协会有限公司			ank No 银行編號		A/C No. To Be Credited 收款賬戶編號										
		0	0	4	1	1	1	2 0	9	5	1	6 0) (0	1
「海子保険従業員協會有限公司 (為方便資料輸入,請以英文正楷填寫) Name in English: (中文全名) mail Address 直郵地址): (中文名) Membership No. (會員號碼): (中文名) 「中文名) 「中文名															
Cardholder Name 持卡人姓名 (必須為會員本人) □Visa card □Master Card Credit Card Number 信用卡號碼				I.D.No. 身份證號碼 Card Expiry Date信用卡限期日 (有效期須至少一年)											
Cardholder Signature 持卡人簽署				mm/yy Debit Amount款項 (For LUAHK Only 由本會填寫) HK\$ 港幣											
Credit Card Direct Debit Authorization: I accept and agree to transfer membership fee of The Life Underwriters Association of Hong Kong Ltd. which will be debited from above Credit Card Account and understand the membership fee will be subjected to change in accordance with the provision of the LUAHK policy. I confirm that my signature on this application form is the same as that for the operation of my Credit Card Account to be debited for the transfer. Credit Card Direct Debit shall be made after 17 December each calendar year automatically. Termination of the Authorization service shall be made in written before 15 December of the calendar year. Cancellation shall ONLY be effective if confirmation is made by LUAHK. No refund of membership fee will be possible if payment is settled. 授權以信用卡直接付款:本人同意及授權自本人上述之信用卡戶口於每年12月17日後自動轉賬繳付香港人壽保險從業員協會有限公司之會費,並明白會費將會根據協會之條例而變更。本人證明在此表格上之簽名式樣與本人之信用卡戶口式樣一致。如欲取消直接付款繳付會費之會員,請於每年12月17日前以書面通知本會,並獲本會確認後才正式生效。會員如未能於12月17日前通知本會,所繳付之會費將不獲退還。															in of ar all
Applicant Signature 申請人簽署				Date 日期								1			
	For Office Use on	y(只图	艮本會	填寫)											
Auth. Code No.	Date	Trace N	0					Coi	ntrol N	0.					

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