

修改直接付款授權書

Amendment of Direct Debit Authorization (DDA-A)

致: 集友銀行有限公司(“銀行”)

To: Chiyu Banking Corporation Ltd. (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) |
| | |

附件二

| | | |
|---|--------------------------------|--|
| 收款人銀行賬戶號碼 Beneficiary's Bank A/C No. (不接受更改 Does not accept the change) | * 收款人名稱 Name of Beneficiary | |
| | | |
| * 付款限額 Payment Limit | * 到期日 Expiry Date | 債務人參考編號 Debtor's Reference Number (不接受更改 Does not accept the change) |
| | | |
| <input type="checkbox"/> Per Payment 每次 <input type="checkbox"/> Per Month 每月 | | |
| 以下由銀行填寫 For Bank Use Only | | |
| | | |

* 必須填寫所有欄位資料。 All fields must be inputted.

* 只限接受修改收付款人名稱、付款限額及到期日。 Only Name of Beneficiary, Payment Limit and Expiry Date can be amended.

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: |
| | | | |