

銀行名稱:

Bank Name

銀行賬戶持有人姓名:

付款銀行 TO DEBIT FROM

Name(s) of Bank Account Holder(s)

iMobile 通訊服務 - 自動轉賬 - 直接付款授權書

iMobile Service - AUTOPAY - Direct Debit Authorization Form

請用英文正楷填寫此表格,並以下列方式交回此申請表格。如有查詢,請致電**客戶服務熱線 2152 8118**。有線寬頻電訊有限公司對於因錯誤郵寄或遺失此授權書而引起的任何損失或損害,概不負任何責任。

Please complete in English BLOCK letter and return this authorization form by the below channels. For enquiries, please call our **Customer Service Hotline 2152 8118**. Please note that i-CABLE Telecom Limited shall not be liable for any loss or damage suffered as a result of this authorization form being incorrectly posted or lost.

 傳真 Fax: (852) 2112 7892
 電郵 email: epayment@i-mobile.com.hk

 郵寄 Mail: 新界荃灣郵政信箱 357 號 香港有線電視有限公司「賬務管理部」收

分行名稱:

Branch Name

Credit and Payment Services Department, HK Cable TV Ltd., P.O. Box 357, Tsuen Wan Post Office, N.T.

賬戶編號:

Bank Account No.

證件類別及號碼 (與銀行紀錄相同)

Type of ID Document & Number (same as Bank record)

	□ 香港身份證 HKID card:			
銀行賬戶持有人地址: Address of Bank Account Holders(s)	I □ ≒¥EII7 Docoports			
	□ 公司註冊證書 Certificate of Incorporation:			
日間聯絡電話: Day-Time Contact Tel.	有限公司需提供商業登記證或公司註冊證書之證件號碼 For Limited Company, to provide number of the Business Registration or Certificate of Incorporation is a must			
溫馨提示:為避免因轉賬失效而引致服務受影響,建議客人提供常Friendly Reminder: to avoid services interruption due to the fail account) for Direct Debit setup.	用銀行賬戶 (例如出糧戶口) 申請自動轉賬。 ure of Direct Debit, we suggest to use your cus	stomary E	Bank account (e.g. payroll	
本人 / 吾等現稅權及指示上列表格內之銀行辦理從下列表格內所指定之本人 / 吾等藥 本人 / 吾等同意者上的於此轉眼指示引数本人 / 吾等應戶透支或增加透支,本人 / 吾等藥 本人 / 吾等同意者由於此轉眼指示引数本人 / 吾等縣戶透支或增加透支,本人 / 吾等藥用已及個別承擔全部責任。 本人 / 吾等同意,如有任何關於賬戶之改變,或取消此付款方法,會適知香港有線電視有限公司。本人 / 吾等並同意如眼戶並無足夠款項支付該等校權轉賬 ,銀行有權不予轉賬,且銀行可向本人 / 吾等收取價常之改費。 本投權書有效期至另行通知為止。 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或更改生效日最少兩個工作天之前交予銀行及受益人。 本人 / 吾等同意,如我们自動轉賬無效或銀行不予轉賬,看速月实验。 本人 / 吾等同意,如此行政更改本授權書之任何通知須於取消或更改生效日最少兩個工作天之前交予銀行及受益人。 本人 / 吾等同意,如此行政更改本授權書之任何通知須於取消或更改生效日最少兩個工作天之前交予銀行及受益人。 本人 / 吾等同意,如此行政更改立文義有歧異時,應以英文本為準。 IWe hereby authorize my/our above-named Bank to effect transfer from my/our account to that of Hong Kong Cable Television Limited in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time. 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. I/We offirm that my/our signature(s) on this application from is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer. I/We agree to notify Hong Kong Cable Television Limited of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us. This authorization shall have effect until further notice. I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our bank shall be entitled to impose a relevant charge (including handling fee etc.) to my / our i-Mobile Service Account.				
繳付以下賬戶的款項 TO PAY FOR iMobile 通訊服務用戶姓名 Name of iMobile Service Subscriber iI	Mobile 通訊服務繳款號碼 iMobile Service Paymen	it No.	登記電話: Registered Tel.	
銀行賬戶持有人簽署 Signature(s) of Bank Account Holder(s)		日期: Date		
此簽署必須與閣下之銀行賬戶簽署相符 Signature(s) should correspor	nd with specimen signature(s) of Bank Account			
如閣下之銀行賬戶為聯名賬戶,請填寫所有賬戶持有人之姓名及證件號碼。 For 辦理有關手續需時約六至八星期。手續辦妥後,閣下的月結單將註明以自動轉賬付詞 autopay is in place.				
本公司專用 FOR OFFICE USE ONLY				
	∃期 Date	Date		
□ 未能完成申請程序 Incomplete application	Reason			
有線寬頻電訊有限公司 i-CABLE Telecom Limited 香港新界荃灣海盛路 9 號有線電視大樓 Cable TV Tower, 9 Hoi Sh	ing Road, Tsuen Wan, Hong Kong.			

電話 Tel: 2152 8118

網址 Website: http://www.i-mobile.com.hk