



自動轉賬 - 直接付款授權書

AUTOPAY - Direct Debit Authorization Form

(Applicable for local Hong Kong bank account)

請以英文正楷填寫本表格並以傳真 (852) 2112 7723 或 電郵 (epayment@i-cable.com) 或 郵寄 (香港荃灣郵政信箱 357 號) 交回。收到申請後，我們將在 7 個工作日內向您發送短信告知申請狀態。如有任何查詢，請致電客戶服務熱線 (852) 2112 7723。

Please complete this form in BLOCK letters and return by fax (852) 2112 7723 or by email (epayment@i-cable.com) or by post (P.O. Box 357, Tsuen Wan, Hong Kong). Upon receipt of the application, we will send you a text message within 7 working days regarding the status of your application. For any inquiries, please call our Customer Service hotline (852) 2112 7723.

付款人資料 Payer information			
本人(等) / 本公司之銀行及分行名稱 My / Our Bank Name and Branch	銀行編號 Bank Number	分行編號 Branch Number	本人(等) / 本公司之銀行賬戶號碼 My / Our Bank Account Number
本人(等) / 本公司之銀行戶口姓名 (請以英文正楷填寫) My / Our Bank Account Name (Please complete in BLOCK letters)	證件類別 (與銀行紀錄相同) Type of ID (same as Bank record)		證件號碼 ID Number
	<input type="checkbox"/> 香港身份證 HKID card		
	<input type="checkbox"/> 護照 Passport		
	<input type="checkbox"/> 商業登記證 Business Registration		
本人(等) / 本公司之地址 (銀行賬戶之登記地址) My / Our Address (Registered address of bank account)	<input type="checkbox"/> 公司註冊證書 Certificate of Incorporation		
日間聯絡電話 Day-Time Contact No.	備註: 有限公司需提供商業登記證或公司註冊證書之證件號碼 Remarks: Limited Company needs to provide the number of Business Registration or Certificate of Incorporation		
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 correspond with specimen signature(s) of Bank Account			
收款賬戶 Payee account			
有線寬頻登記姓名 i-CABLE customer name	「有線寬頻」賬戶號碼 i-CABLE Account No.		
溫馨提示: 1/ 為避免因轉賬失效而導致額外手續費或服務受影響，建議客戶使用常用銀行賬戶(例如出糧戶口)申請自動轉賬。2/ 如閣下之銀行賬戶為聯名賬戶，請填寫所有賬戶持有人的姓名及證件號碼。3/ 辦理需時約六至八星期。手續辦妥後，閣下的月結單將註明以自動轉賬付款。 Friendly Reminder: 1/ To avoid additional administrative charge or services interruption due to the failure of Direct Debit, we recommend you to use your customary Bank account (e.g. payroll account) for Direct Debit setup. 2/ For joint account, please provide names and ID No. of all account holders. 3/ It takes approximately 6-8 weeks for processing, your monthly statement will indicate when autopay is in place.			
本人(等) / 本公司現授權及指示上列表格內之銀行辦理從所指定之本人(等) / 本公司銀行賬戶轉賬支付款項予香港有線電視有限公司 / 有線寬頻電訊有限公司，並在受益人要求下支付受益人。 本人(等) / 本公司同意本人(等) / 本公司之銀行無須證實該付款通知是否已送達本人(等) / 本公司。 本人(等) / 本公司同意若由於此轉賬指示引致本人(等) / 本公司賬戶透支或增加透支，本人(等) / 本公司願共同及個別承擔全部責任。 本人(等) / 本公司確定本人(等) / 本公司於上列表格上之簽署與本人(等) / 本公司指示轉賬以支付款項之儲蓄或來往戶口之簽署式樣完全相同。 本人(等) / 本公司同意，如有任何關於賬戶之改變，或取消此付款方法，會通知香港有線電視有限公司 / 有線寬頻電訊有限公司。 本人(等) / 本公司並同意如賬戶並無足夠款項支付該等授權轉賬，銀行有權不予轉賬，且銀行可向本人(等) / 本公司收取慣常之收費。 本授權書有效期至另行通知為止。 本人(等) / 本公司同意本人(等) / 本公司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(等) / 本公司同意如銀行自動轉賬無效或銀行不予轉賬，香港有線電視有限公司 / 有線寬頻電訊有限公司有權向本人(等) / 本公司之「有線寬頻」賬戶(包括上網 / 家居電話 / OTT及其他附加服務)徵收額外費用(包括手續費等)。 如以上中文譯本與英文原本之文義有歧異時，應以英文本為準。 I/We hereby authorize my/our above-named Bank to effect transfer from my/our account to that of Hong Kong Cable Television Limited / i-CABLE Telecom 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 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). I/We confirm that my/our signature(s) on this application form 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 / i-CABLE Telecom 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 given at least two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the beneficiary. I/We agree that if the Direct Debit Authorization is invalid / rejected by Bank, Hong Kong Cable Television Limited / i-CABLE Telecom Limited shall be entitled to impose a relevant charge (including handling fee etc.) to my / our i-CABLE Account (include Broadband / HomeLine / OTT and other add-on services).			
本公司專用 FOR OFFICE USE ONLY			
<input type="checkbox"/> 完成申請程序 Complete application	日期 Date		
<input type="checkbox"/> 未能完成申請程序 Incomplete application	原因 Reason		

香港有線電視有限公司 Hong Kong Cable Television Limited / 有線寬頻電訊有限公司 i-CABLE Telecom Limited

香港荃灣海盛路 9 號有線電視大樓 Cable TV Tower, 9 Hoi Shing Road, Tsuen Wan, Hong Kong

客戶服務熱線 Customer Service Hotline (852) 183 2832 傳真 Fax: (852) 2112 7723 網址 Website: <https://service.i-cable.com>

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