



# 信用卡付款授權書

## Credit Card Payment Authorization Form

(Applicable for VISA / Master Card issued by local Hong Kong bank)

請填寫本表格並以傳真(852) 2112 7723 或郵寄(香港荃灣郵政信箱 357 號「賬務管理部」收)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) 183 2832。

Please complete this form and return by fax (852) 2112 7723 or by post (Credit Collection Dep't, P.O. Box 357, Tsuen Wan, Hong Kong). Upon receipt of the application, we will send a text message to you within 7 working days regarding the status of your application. For any inquiries, please call our Customer Service hotline (852) 183 2832.

### 客戶資料 Customer Information

賬戶號碼 Account No.: _____	登記電話號碼 Registered Phone No.: _____
客戶姓名 Customer Name: _____	聯絡電話號碼 Contact Phone No.: _____

### 更新選項 Update Options

請選擇以下其中一個選項 Please select one of options below

選擇 1 Option 1

本人授權香港有線電視有限公司/有線寬頻電訊有限公司由下列信用卡賬戶扣除上述賬戶的所有應繳付賬項，直至另行通知為止。

I hereby authorize Hong Kong Cable Television Limited / i-CABLE Telecom Limited to debit all fees due from the above customer's account(s) from my credit card specified below until further notice.

選擇 2 Option 2

本人授權香港有線電視有限公司/有線寬頻電訊有限公司於下列信用卡賬戶中一次性扣取 HK\$ \_\_\_\_\_

I hereby authorize Hong Kong Cable Television Limited / i-CABLE Telecom Limited to debit HK\$ \_\_\_\_\_ at one-time from the following credit card account.

選擇 3 Option 3

請於下列信用卡賬戶扣取繳付服務費\* HK\$400 後，更改為現金付款。

Please change the payment method to "CASH" after debiting the prepayment service fee\* HK\$400 from my credit card specified below.

\* \$400 預繳於更改付款方式為現金後第二至第九個月以每月\$50 回贈至 閣下的賬戶

\* \$400 prepayment will be rebated to your service account by HK\$50 monthly installment from the 2nd month to the 9th month after payment method has been changed to CASH.

### 信用卡資料 Credit Card Information

選項 Options	<input type="checkbox"/> 使用本人信用卡 Use my own credit card <input type="checkbox"/> 使用第三者信用卡，需附上信用卡副本 (載有持卡人姓名、卡號及到期日的一面) Use 3 <sup>rd</sup> party's credit card, please attach a photocopy of the of credit card (the side show cardholder's name, card no. and expiry date)		
持卡人姓名 *Cardholder's Name	_____ <small>請以英文正楷填寫 In BLOCK letters</small>	信用卡持有人聯絡電話 Cardholder's Contact No.	
信用卡號碼 Credit Card No.	_____ - _____ - _____	信用卡有效期至 Credit Card Expiry Date	_____ / _____
持卡人簽署 Cardholder's Signature	_____ <small>簽署必須與信用卡簽署式樣相同 Signature should correspond to specimen signature of the specified credit card</small>		