香 港 人 壽 保 險 從 業 員 協 會 有 限 公 司
The Life Underwriters Association of Hong Kong Limited
Unit D, 23/F., Seabright Plaza, 9-23 Shell Street, North Point, Hong Kong Tel: 2570 2256 Fax: 2570 1525 Web: www.luahk.org E-mail: info@luahk.org
香港北角蜆殼街9-23號秀明中心23樓D室

LUAHK membership Fee
Credit Card Account Direct Debit Authorization Form

繳付會費－信用咭直接付款授權書

Name of party to be credited收款之一方	Bank No. 銀行編號			Branch No. 分行編號			A/C No. To Be Credited 收款賬戶編號								
The Life Underwriters Association of Hong Kong Ltd. **香港人壽保險從業員協會有限公司**	0	0	4	1	1	1	2	0	9	5	1	6	0	0	1

（為方便輸入資料，請以英文正楷填寫）

Name in English（英文全名）:_____ Name in Chinese（中文全名）: _____

Membership. No.（會員編號）: _____ Mobile（手提電話）: _____

Office Tel. No.（公司電話）: _____ Home No.（住宅電話）: _____

Cardholder Name信用咭持有人姓名 (必須爲會員本人)	I.D.No. 身份證號碼
☐Visa ☐Master Card Number信用咭號碼	Card Expiry Date信用咭限期日 (有效期須至少一年) 月月/年年 mm/yy
Cardholder Signature 信用咭持有人簽署	Debit Amount款項 (For LUAHK Only 由本會填寫) HK$ 港幣_____

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 subject 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 1 January 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.

本人同意及授權自本人上述之信用咭戶口於每年1月1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咭戶口式樣一致。如欲取消直接付款繳付會費之會員，請於每年12月15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15日前通知本會，所繳付之會費將不獲退還。

_____ _____
申請人簽署 日期

---------- For Office Use ----------

Authorization Code	Date	Control No.