



**CHANGE OF PREMIUM PAYMENT METHOD
更改保單保費支付方法**

Please fill in the form and email to cs.hk@aig.com, or fax to 2574 7212 or mail to 7/F, One Island East, 18 Westlands Road, Island East, HK AIG Insurance Hong Kong Limited. For enquiry, please call our hotline no. 3666-7018.
請將填妥之表格電郵至 cs.hk@aig.com, 傳真至 2574 7212 或寄回香港港島東華蘭路18號港島東中心7樓 美亞保險香港有限公司收。
如有查詢, 請致電我們熱線電話 3666 7018。

Policy No. 保單號碼	:		Contact Phone 日間聯絡電話	:	
Name of Policyholder 保單持有人姓名	:		HKID Number 香港身份證號碼	:	

Monthly Payment 月費付款

By Credit Card 信用咭付款 : Visa MasterCard 萬事達咭

I hereby authorize AIG Insurance Hong Kong Limited to charge my Credit Card account below for the insurance premium, until further notice from me/us. 本人現授權美亞保險香港有限公司在本人下述之信用咭下賬戶收取保費, 直至本人/吾等另行通知。

Credit Card no
信用咭號碼 : - -

Expiry Date
信用咭有效日期至 : / (MM/YY) (月/年)

Bank Name
發咭銀行 : _____

Name on Credit Card
持咭人姓名 : _____

Signature of Cardholder
持咭人簽名 : _____

By Autopay 自動轉賬付款 Please fill in the following form 請填妥下方表格

Authorization Agreement Form With Creditor 付款授權同意書

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of AIG Insurance Hong Kong Limited in accordance with such instructions as my/our Bank may receive from AIG Insurance Hong Kong Limited from time to time.

本人/吾等現授權本人/吾等之下述銀行, 根據美亞保險香港有限公司不時給予本人/吾等之銀行之指示, 自本人/吾等之賬戶內轉賬予美亞保險香港有限公司之賬戶。

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.

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

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).

如因該筆轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加), 本人/吾等共同及各別承擔全部責任。

I/We confirm that my/our signature(s) of 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.

本人/吾等證明本人/吾等在此申請表上之簽名式樣與本人/吾等之銀行賬戶簽名式樣一致。

I/We agree to notify AIG Insurance Hong Kong 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.

本人/吾等同意如更改銀行賬戶或取消此付款方式時, 將通知美亞保險香港有限公司。本人/吾等並同意如本人/吾等之賬戶並無足夠款項支付該等轉賬時, 本人/吾等之銀行有權不予轉賬, 且銀行可收取價常之服務收費。

This authorization shall have effect until further notice.

本授權書當繼續生效直至另行通知。

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 AIG Insurance Hong Kong Limited.

本人/吾等現同意, 本人/吾等取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行, 並同意通知美亞保險香港有限公司。

Bank Name 銀行名稱	Account No 銀行賬號
Name of Account-holder(s) (As recorded on statement/passbook-please complete in English) 戶口持有人姓名 (在結單/存摺上所紀錄之名稱 - 請以英文填寫)	Signature of Accountholder(s) 戶口持有人簽名
HKID Number of Accountholder(s) 戶口持有人香港身份證號碼	
Witnessed By (Full Name) 見證人 (全名)	Debtor's Reference (To be completed by AIG Insurance Hong Kong Limited) 債務人參考 (由美亞保險香港有限公司填寫)
HKID Number of Witness 見證人身份證號碼	

Note : Please ensure that you sign the form in the usual way that you would sign on your Bank Account. If the above is a joint account, please fill in ALL Account-holders' names and HKID Numbers for joint account.

註 : 貴戶在此授權書內之簽名, 請與銀行賬戶所簽者完全相同。如以上戶口屬聯名戶口, 請填寫所有戶口持有人的姓名及身份證號碼。