

**To: The Manager**  
**The Hongkong and Shanghai Banking Corporation**

Office

**DIRECT DEBIT AUTHORISATION**

Please complete and return this form to the party to be credited (the Beneficiary)

Please tick ( ✓ ) where applicable.

- New Direct Debit Authorisation
- Amendment of Existing Direct Debit Authorisation or Customer detail
- Terminate Direct Debit Authorisation

Name(s) (of part(ies) for whom payments will be made)		P12
Account Number (to be debited)	Account Name(s)	
Maximum Amount Payable (in period stipulated) (see note 1 below)	Period (Monthly, Quarterly, Half Yearly, Yearly)	
Debit Authorisation Start Date	Paying Party Reference (e.g. Rental Agreement Number)	

**Declarations**

1. I/We hereby authorise my/our above named Bank to effect transfers from my/our account to that of the below named beneficiary in accordance with such instructions as the Bank may receive from the beneficiary from time to time provided always that the transfer amounts shall not exceed the maximum amount payable within the period indicated above.
2. I/We agree that the Bank shall not be obliged to ascertain whether or not to notice of any such transfer has been given to me/us.
3. 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).
4. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge and may cancel this authorisation at any time on one week's written notice.
5. This authorisation shall have effect until further notice.
6. I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.
7. The above declaration do not apply for termination of Direct Debit Authorisation.

S.V.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

<b>To be Completed by the Beneficiary (First Party)</b>		
Name	Account Number (to be credited)	
Payment Set	Paying Party (Second Party) ID	Paying Party Reference (e.g. Rental Agreement Number)

<b>For Bank Use Only</b>	
Signature Verified and Data Input by	Data Input Checked and Verified/Approved by
Date:	Date:

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