大 新 銀 行
DahSingBank

大新網上理財「繳費NET」服務登記表格
Dah Sing e-banking "PayEasy" Bill Payment Service Registration Form

請填妥以下表格，簽署後寄回"香港郵政總局第333號郵政信箱" 或親身交回大新銀行各分行。
Please complete this form with signature and return it either by mail to "G.P.O BOX 333, GENERAL POST OFFICE, HONG KONG" or return to any Dah Sing Branch in person.

i) 請用正楷填寫此表格，並於適當方格加上 " ✓ "
ii) 信用卡客戶於交回表格時須出示有關之信用卡。如以郵寄方式申請，請連同信用卡背面影印本一併遞交。

i) Please complete this form in block letters and place a "✓" in appropriate box.
ii) For Credit Cardholders, the relative Credit Card must be presented upon submitting this Authorization Letter. If you apply by post, please copy your Credit Card backside and submit together with this form.

個人資料 Customer Information:

「網上理財」/「電話理財」用戶號碼 e-banking / Phone Banking User ID : |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

姓名 Name : _____

日間聯絡電話號碼 Day Time Contact Phone Number : |__|__|__|__|__|__|__|__|

香港身份證 / 護照號碼 / 其他 HKID No. / Passport No. / Others : _____

賬單資料 Bill Information:

請替上述之「網上理財」/「電話理財」用戶加上 / 刪除以下賬單[1]:

Please add / delete the following bill(s) for the above e-banking / Phone Banking User[1]:

(1) 加上Add 刪除Delete[2]	☐ ☐	**商戶類別 Merchant Category :** Banking & Credit Card Services 銀行或信用卡服務 ☐ Securities Broker 證券公司 ☐ Credit Services 信貸財務 ☐ Others 其他 The Hong Kong Jockey Club 香港賽馬會 ☐ Travelex Hong Kong Ltd Travelex通濟隆香港有限公司 ☐	**商戶名稱 Merchant Name :**	**賬單類別 Bill Type :** |__|__| **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(2) 加上Add 刪除Delete[2]	☐ ☐	**商戶類別 Merchant Category :** Banking & Credit Card Services 銀行或信用卡服務 ☐ Securities Broker 證券公司 ☐ Credit Services 信貸財務 ☐ Others 其他 The Hong Kong Jockey Club 香港賽馬會 ☐ Travelex Hong Kong Ltd Travelex通濟隆香港有限公司 ☐	**商戶名稱 Merchant Name :**	**賬單類別 Bill Type :** |__|__| **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(3) 加上Add 刪除Delete[2]	☐ ☐	**商戶類別 Merchant Category :** Banking & Credit Card Services 銀行或信用卡服務 ☐ Securities Broker 證券公司 ☐ Credit Services 信貸財務 ☐ Others 其他 The Hong Kong Jockey Club 香港賽馬會 ☐ Travelex Hong Kong Ltd Travelex通濟隆香港有限公司 ☐	**商戶名稱 Merchant Name :**	**賬單類別 Bill Type :** |__|__| **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
(4) 加上Add 刪除Delete[2]	☐ ☐	**商戶類別 Merchant Category :** Banking & Credit Card Services 銀行或信用卡服務 ☐ Securities Broker 證券公司 ☐ Credit Services 信貸財務 ☐ Others 其他 The Hong Kong Jockey Club 香港賽馬會 ☐ Travelex Hong Kong Ltd Travelex通濟隆香港有限公司 ☐	**商戶名稱 Merchant Name :**	**賬單類別 Bill Type :** |__|__| **賬單號碼 Bill Account Number :** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

客戶聲明
• 本人證實上述資料乃屬正確及完整，並授權大新銀行查證。• 本人已閱讀及明白並同意使用大新e-banking及電話理財服務之章則及條款。 • 此授權應有效直至本人 / 吾等另行發出書面通知。
• 本人 / 吾等同意遵守及受不時適用於上述服務之綜合章則及條款所約束，綜合章則及條款的效力不受此授權所影響。

Declaration
• I confirm that the information provided above is correct and complete, and authorise Dah Sing Bank to confirm this form. • I have read and agree to be bound by the Terms and Conditions governing the Dah Sing e-banking Service and Dah Sing Phone Banking Service. • This authorisation shall have effect until further notice in writing from me/us. • This authorisation shall not prejudice, and I/we agree to comply with and be bound by the Master Terms & Conditions applicable to such service from time to time.

S.V.

客戶簽署 Customer Signature _____ 日期 Date _____

存款戶口號碼 / 信用卡號碼 [3] (請註明任何一個使用以上簽署的戶口號碼。信用卡客戶之簽署必須與信用卡上持卡人簽署相同。)
Deposit Account Number / Credit Card Account Number [3] (Please specify any one account number to which the above signature can apply. Please use the authorized signature on the Credit Card for Credit Cardholders.)

註:
1. 上述更改將於登記後3個工作天內生效。2. 如閣下選擇刪除賬單，所有預設至該賬單之繳費指示將不被執行。3. 如閣下於本行已開設存款戶口，請填上閣下之存款戶口號碼。

Remarks:
1. The above amendment will be effective within 3 working days. 2. All pending instructions pay to the Bill (s) will NOT be executed if the bill(s) is / are deleted. 3. Please fill in your deposit account number if you have any deposit account in Dah Sing Bank.

FOR BANK USE ONLY			
For Branch		For AMS Dept	
Branch Name	Receipt Date	Input By	Checked By
Content Verified and SV By	Staff name, Signature Number and Initial	S.V. By	Remarks