

C. TERMS AND CONDITIONS

- 1 I/We will retain sufficient funds in my/our account to enable the Bank to meet the direct debit order on the due date.
- 2 It is understood that the Bank is not bound to send me/us a Direct Debit Advice when effecting payment.
- 3 Payment orders will be effected only if my/our account is adequately funded.
- 4 Payment orders will not be cumulative.
- 5 If the account has insufficient funds the Bank is not obliged to advise me/us. The Bank may or may not choose to execute the direct debit at a later date. In this case, I/We will contact the service provider directly.
- 6 This order will remain effective notwithstanding the death or bankruptcy/liquidation until notice of such death or bankruptcy/liquidation or the revocation of this order received by the Bank.
- 7 In case of dispute over a payment, I/We shall settle the matter directly with the beneficiary.
- 8 Note that the Bank will levy a charge on each direct debit payment not effected for lack of funds. Please refer to our tariff of charges.
- 9 Neither the Bank, nor its branches, Correspondents or Agents are responsible for any loss, delay, error or omission arising out of any mode of communications used for effecting these transfers.

D. CUSTOMER SIGNATURE

I/We authorize the Bank to debit from the available balance of my/our Savings/Current account mentioned above, every month as may be specified by the MTL or CLP or CWA or CEB and this until further notice.

I/We confirm that I/We shall continue to settle my/our MTL/CLP/CEB/CWA accounts until it is specified on my/our bill that my/our HSBC account will be debited.

I/We hereby authorize the abovementioned beneficiaries to claim from The Hongkong and Shanghai Banking Corporation Limited by debiting my/our account with the amounts for which I/we have already received the bills.

Signature(s)*



Full Name: _____

Full Name: _____

Date: _____

*In case of Joint Account all parties to the account must sign on the Direct Debit Application Form
Company chop is mandatory for Corporate accounts

E. BANK USE ONLY - BRANCH

AssetVantage Yes No

Completed by: _____

Verified by: _____
(Supervisor signature/Name/Chop)

Branch: _____ Date: _____

E. BANK USE ONLY - NSC

Input by: _____

Approved by: _____
(Supervisor signature/Name/Chop)

Date: _____