To: The Manager

The Hongkong and Shanghai Banking Corporation Limited

Macau Office

Date _____

APPLICATION FOR AUTOPAY SERVICES

Note: Please complete in Block Letters and tick ☑ where application.

☐ AutoPay Out (making payments by AutoPay) payment for ☐ Salaries ☐ Others

☐ AutoPay In (receiving payments by AutoPay)

Account Name	+ First Party (Applicant) Primary Account Number
+ First Party (Applicant) Additional Debit Account Numbers (These account will be debited if sufficient funds are found in the Primary Account) (1)	(2)
Name of Person to Contact	Telephone Number
Next Payment Date	Frequency of Payment
Expiry Date or Total Number of Payments	Priority *(If not specified, this payment will be generated after all other payment(s) of the same date.)*

Source used for input ☐ HSBCnet ☐ Diskette (size: ☐ 3½ inches, ☐ 5¼ inches, ☐ 8 inches)
☐ Magnetic Tape ☐ Autopay List ☐ Hexagon

If input is by Autopay List: Each payment amount to be AutoPay List to be
☐ Fixed (If the amount is fixed, it will be printed under payment on the Autopay List)
☐ varied

AutoPay List to be
☐ Collected by us at HSBC office ☐ sent to us via Hexagon
☐ Sent to us by mail (Please specify mailing address opposite your signature via below if different from that of the account mentioned above)

Payment Narrative for + First Party
Is an advice required by the *First Party? ☐ Yes ☐ No

Payment Narrative for *Second Party
Is an advice required by the *Second Party? ☐ Yes ☐ No

+ *First Party means the Requesting Customer.*

**Second Party means the Beneficiary for AutoPay Out, and the Paying Party for AutoPay in.*

Declarations

1. I/We acknowledge receipt of the AutoPay Use Manual which I/we have read, and I/we agree to comply with any requirements stated therein.
2. I/We acknowledge and understand that AutoPay is a numerically based system and agree that you shall be under no obligation to ensure that the name of any account holder/beneficiary (as given in my/our instructions) is identical or similar to the name of the account holder(s) according to your records and confirm that a transfer to (or from as the case me be) an account having the same number as that given in my/our instructions shall constitute good and complete compliance by you with my/our instructions.
3. I/We authorize you to debit my/our account with any charges in respect of /autoPay /services in accordance with the rates published by you from time to time.
4. I/We understand that if the due date falls on a holiday, entries will be passed on the working day prior to or after the holiday depending on the Bank's local practice.
5. I/We understand that if my/our application is accepted, the arrangements may be terminated by the Bank at any time by giving seven days notice in writing sent by post to my/our last recorded address.
6. I/We understand that if there are insufficient funds in my/our account (AutoPay Out only) on a pre-specified number of occasions as advised by the Bank, the Bank may cancel my/our instruction with prior advice to me/us.
7. I/We confirm that if the instruction specified above is inactive for a period to be advised by the Bank, the Bank has my/our permission to terminate the instruction under notification to me/us.
8. I/We understand that the Bank accepts no responsibility for any loss or delay which may occur in the transfer, transmission and/or application of funds and I/we agree to indemnify the Bank against any actions, proceedings, claims or demands that may arise in connection with such loss or delay.

_____

Authorised Signature(s) and Chop

For Bank Use Only ▼

Signature Verified and Prepared by Date:	Additional Information Payment Set No. |_|_|_| Commission |_|_|_|_|_|_|_|_|_|_|_| Method |_| No. of Payments |_|_|_|_|_| Postage |_|_|_|_|_|_|_|_| Method |_| Priority |_|_| Stamp Duty |_|_|_|_|_|_|_|_|_|_| Method |_| Address ID |_|_| Override Limit |_|_|_|_|_|_|_|_|_|_|_|_| I/C Cost Centre |_|_|_| |_|_|_| |_|_|_|
Date Input Checked and Authorised by Date:	