

To : Credit Card Centre, Dah Sing Bank Limited (Fax number: 2564-3703)
致 : 大新銀行信用卡中心 (傳真號碼: 2564-3703)

Date : _____
日期 :

Re : **CANCELLATION OF CREDIT CARD RECURRING AUTHORIZATION**
撤銷信用卡商戶付款授權書

Card Number : _____
信用卡號碼 :

Cardholder Name : _____
持咭人之姓名 :

Day Time Contact Tel. No. : _____
日間聯絡電話 :

I hereby request the cancellation of the Direct Debit Authorizations to the following merchant(s) in connection with my Credit Card account.

本人現申請撤銷自本人信用卡賬戶轉賬予以下商戶之直接付款授權。

Merchant name (must be same as description showed in the statement) 商戶名稱 (須與結單上所註之相同)	Last transaction date (DD/MM/YYYY) 最近一次交易日期 (日/月/年)	Last transaction amount (HKD or equivalent) 最近一次交易金額 (港幣或等值)	Account nos. with merchant (e.g. mobile phone no., insurance policy no. or membership no. etc.) 與商戶交易之戶口號碼 (例如手提電話號碼、保單號碼或會員號碼等)

Note : Dah Sing Bank ("the Bank") will notify the above request of cancellation to the respective merchant for processing but the Bank assumes no responsibility to warrant the acceptance of the cancellation. Customer needs to contact the respective merchant to confirm this cancellation after 2 weeks.

注意 : 大新銀行("本行")會將上述撤銷指示通知有關商戶處理, 惟本行並無責任確保其接納與否, 客戶需於兩星期後自行聯絡有關商戶查核上述撤銷事宜。

Cardholder Signature
持咭人簽署