



信用咭付款授權書 CREDIT CARD PAYMENT AUTHORIZATION

myTV SUPER客戶姓名 myTV SUPER Customer's Name: _____

myTV SUPER 客戶號碼 myTV SUPER Customer ID. : _____

myTV SUPER登記電話號碼 myTV SUPER Registered Phone No. : _____

本人/吾等同意及授權MyTV Super Limited由下列信用咭戶口中(或日後由本人/吾等或發咭機構重新提供之信用咭戶口中)收取上述訂戶應繳付myTV SUPER之所有費用及款項,直至另行通知為止。本人/吾等明白辦理本信用咭付款授權書申請手續需時三至四星期。
I/We hereby agree and authorize MyTV Super Limited to charge all fees and monies due from the above Subscriber's myTV SUPER account(s) to my/our credit card specified below (or its replacement card as provided by me/us or my/our card issuer from time to time) until further notice. I/We understand that it will take approximately 3 to 4 weeks for processing the application of this credit card payment authorization.

本人/吾等同意,如信用咭付款授權無效或發咭機構拒絕任何付款,MyTV Super Limited有權向本人/吾等之myTV SUPER賬戶徵收費用(包括但不限於手續費)。
I/We agree that if the Credit Card Payment Authorization is invalid or any payment is rejected by the card issuer, MyTV Super Limited shall be entitled to impose such charges (including, without limitation, handling fee) on my/our myTV SUPER Account.

客戶於此授權書提供個人資料純屬自願性質,但如客戶不提供所需資料,MyTV Super Limited可能無法提供有關服務。所收集的個人資料將會作[MyTV Super Limited提供服務之用,該等資料亦可透露予銀行以辦理自動轉賬]。要求查詢及改正個人資料,可電郵至enquiry@mytvsuper.com,並註明該電郵內容為「保密」及列明閣下所登記的服務。myTV SUPER服務個人資料收集聲明之完整副本,可於<http://www.mytvsuper.com/tc/pics>下載。
The provision of personal data in this authorization form is voluntary, however, failure to provide the data requested may mean that MyTV Super Limited is unable to supply the relevant services. Personal data collected will be used in matters relating to [the provision of service by MyTV Super Limited or may be disclosed to the bank for autopay arrangement]. Data access and correction requests may be sent to enquiry@mytvsuper.com marking your communication "Confidential" and specifying the service that you have registered. A full copy of the Personal Information Collection Statement for myTV SUPER Service is available for download at <http://www.mytvsuper.com/en/pics>.

信用咭類別 Type of credit card :

Visa Master

有效期至 Expiry Date :

____ / ____
月[MM] / 年[YY]

(有效期最少為2個月 Valid for at least 2 months)

信用咭號碼 Credit Card Account Number : _____

(必須是香港銀行發出之信用咭 Must be a credit card issued by the bank registered in Hong Kong)

信用咭持有人姓名(英文) Cardholder's Name (In English) : _____

信用咭簽署式樣 Cardholder's Signature : _____

日期 Date : _____

簽署必須與上述信用咭簽署式樣相同 Signature should correspond to specimen signature on the above specified credit card

信用咭持有人聯絡電話 Cardholder's Contact Phone No. : _____

填妥申請表,請傳真至2399 9699或郵寄至九龍將軍澳郵政局郵政信箱65317號。

如有查詢,請致電客戶服務熱線 2399 9666。

Please complete the form and return by fax to 2399 9699 or mail to P.O. Box 65317, Tseung Kwan O Post Office, KLN.

For enquiries, please call our Customer Service Hotline 2399 9666.

中英文版本之間存有歧異時,將以英文版本為準。

In the event of any discrepancy between the English version and the Chinese version, the English version shall prevail.

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