

**PRIVATE AND CONFIDENTIAL**  
**Authorisation Form**  
**Payment of Pension by Autopay**  
**(For Joint Name Account Holder Only)**

Name of Pensioner : \_\_\_\_\_ Pension Payment No. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (Hong Kong Identity Card No) \_\_\_\_\_ (Official Use)

To : The Director of Accounting Services,  
 The Treasury, Pensions Enquiry Office,  
 2/F, Treasury Building,  
 3 Tonkin Street West, Cheung Sha Wan,  
 Kowloon, Hong Kong

We 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 (1. name of pensioner) (1. & 2. full names both in English and Chinese, if any)

1. \_\_\_\_\_  
 of  
 2. \_\_\_\_\_  
 (address)

hereby authorise you to make monthly payments of the pension benefits in respect of the pensioner to our account with \_\_\_\_\_ (hereinafter referred to as "the bank") :-  
 (Name of the bank)

Names of Account Holders : 1. \_\_\_\_\_ 2. \_\_\_\_\_

Account No. (\*):      **Bank Code**      **Branch Code**      **Account No.**  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. We have authorised the bank to inform you forthwith upon the latter's receipt of notification of death of the pensioner.

3. We hereby undertake to inform you immediately of any change in either the status or number of our account.

4. We further absolutely and irrevocably agree on behalf of ourselves and our personal representatives that any payment of pension benefits which may have been made to our account with the bank after the date of the death of the pensioner shall at any time be recoverable by you from our aforesaid account or from the estate of the pensioner, failing which, the living party agrees irrevocably to refund the overpayment to The Government of the Hong Kong Special Administrative Region.

(\*). If your account number is in a different format from that stated in this form, please contact Pensions Enquiry Office of the Treasury for assistance.

Date : \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Signatures of account holders :**  
 (Signatures must be the same as those used in the above bank account)      1. \_\_\_\_\_      2. \_\_\_\_\_

**Signature of witness :**  
 (Not the above account holders) \_\_\_\_\_

**Name of witness :** \_\_\_\_\_  
 (in BLOCK letters)

**Address of witness :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIVATE AND CONFIDENTIAL**  
**Authorisation Form**  
**Payment of Pension by Autopay**  
(For Joint Name Account Holder Only)

Name of Pensioner : \_\_\_\_\_

Pension Payment No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Hong Kong Identity Card No)

(Official Use)

To : The Manager,

The \_\_\_\_\_ Bank

Names of Account Holders :  
1. \_\_\_\_\_ (name of pensioner)  
2. \_\_\_\_\_  
(1. & 2. full names both in English and Chinese, if any)

Account No.:  

--	--	--	--

 - 

--	--	--	--

 - 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

We  
1. \_\_\_\_\_ (name of pensioner)  
2. \_\_\_\_\_  
(1. & 2. full names both in English and Chinese, if any)

of  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
(address)

hereby authorise you on behalf of ourselves and our personal representative(s) on receipt of written notice of the death of Mr / Ms \_\_\_\_\_ (hereinafter referred to as “the pensioner”) to notify the Treasury, The Government of the Hong Kong Special Administrative Region, accordingly and to refund to the Treasury any pension payment received by you after your receipt of such written notice of the death of the pensioner.

2. You are also hereby authorised to disclose to the Treasury, The Government of the Hong Kong Special Administrative Region, the full name or names of the account to which the pension payments of the pensioner are credited by the Treasury.

**Date :** \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Signatures of account holders :**

(Signatures must be the same as those used in the above bank account)

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Signature of witness :**

(Not the above account holders)

\_\_\_\_\_

**Name of witness :**

\_\_\_\_\_ (in BLOCK letters)

**Address of witness :**

\_\_\_\_\_  
\_\_\_\_\_