

自動轉賬授權書 DIRECT DEBIT AUTHORISATION FORM

Name of party to be credited (beneficiary) 收款之一方 (受益人) Christian Action – Charity Services 基督教勵行會-慈善服務	Bank No. 銀行編號 004	Branch No. 分行編號 567	Account No. 賬戶號碼 320973005
My / Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼
My / Our Name(s) as recorded on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之名稱			Contact Tel No. 聯絡電話號碼
My / Our Address as recorded on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之地址			※ Limit for Each Month 每月付款之限額
※ Expiry Date 到期日	※ My / Our Signature(s) 本人/吾等在結單/存摺上之簽名		Date 日期

For office use only 由本會及銀行填寫

Debtor's Reference 支賬參考	For Bank Use 銀行填寫	Signature Verified 簽名樣式
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I/We hereby authorise my / our below named Bank to effect transfers from my / our account to that of the above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

本人(等)現授權本人(等)的上述銀行，(根據受益人或其往來銀行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述受益人，惟每次轉賬金額不得超過以下指定的限額。

I/We agree that my / our Bank shall not be obliged to ascertain whether or not notice of any such Transfer has been given to me / us.
本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer(s).
如因該等轉賬令本人(等)的戶口出現透支(或令現時的透支增加)，本人(等)願共同及各別承擔全部責任。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank make the usual charge and that it may cancel this authorisation at any time on one week's written notice.
本人(等)同意本人(等)之戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有權不予轉賬，且有權收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

This authorisation shall have effect until further notice or until the expiry date written below (which ever first occur).
本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.
本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改日最少兩個工作天之前交予本人(等)的銀行。

※ Notes 附註：

If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
如台端付款之數額每次可能不相同，則將最高者定為每次付款之最高限額。

This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如貴戶意欲直接付款授權書無限期有效(或直至貴戶予以撤銷為止)，則將該欄留空。

Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
請保證貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。

If "Limit for Each Payment/Month" is not specified the debtor's bank will set the limit as "unlimited"
如「每月付款的限額」一欄未有填上。債務銀行會將轉賬限額設定為「不設上限」。

Please write in Block Letters# 請以英文正楷填寫