

直接付款授權書

DIRECT DEBIT AUTHORISATION

收款之一方名稱 (收款人) Name of party to be credited (the Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be credited
International Care Ministries Limited	0 2 4	3 9 5	0 1 7 4 6 0 0 0 1

本人(等)現授權下述之銀行(「該銀行」),根據收款人不時給予該銀行之指示,自本人(等)下述戶口轉賬予收款人。但每次轉賬金額不得超過以下指定之限額。

本人(等)同意該銀行毋須證實該等轉賬是否已通知本人(等)。

如因該等轉賬而令本人(等)之下述戶口出現透支(或令現時之透支增加),本人(等)會共同及各別承擔全部責任。

本人(等)確證在本授權書內之簽名,與本人(等)下述戶口於該銀行簽署紀錄完全相同。

本人(等)同意如下述戶口並無足夠款項支付有關轉賬,該銀行有權不予辦理且可收取有關之手續費用,該等費用一概由本人(等)支付。

本人(等)同意取銷或更改本授權書之任何通知,須於取銷或更改生效日最少兩個工作天之前交予該銀行。

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(以兩者中最早之日期為準)。

I/We hereby authorise my/our below-named bank (the "Bank") to effect transfer from my/our below-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our below-mentioned account which may arise as a result of any such transfer(s).

I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our below-mentioned account to be debited for the transfer.

I/We agree that should there be insufficient funds in my/our below-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.

This authorisation shall have effect until further notice or until the below given expiry date (which shall first occur).

本人(等)之銀行及分行名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人(等)之賬戶號碼 My/Our Account No.
本人(等)在結單/存摺上所紀錄之名稱 My/Our Name as record on Statement/Passbook	本人(等)在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook		
每*次/月付款之限額 Limit for each *Payment / Month 港幣 (請參閱附註 ¹) HK\$(See Note ¹)	到期日 (請參閱附註 ²) Expiry Date (See Note ²) D D M M Y Y	本人(等)之簽名 My/Our Signature(s)	日期 Date
付款人之姓名 (若非賬戶持有人) Name of Debtor (if other than account holder)	支賬參考 (必填之欄 - 請參閱附註 ³) Debtor's Reference (Compulsory Field - See Note ³)		
以下由銀行填寫 For Bank Use Only			Signature Verified

附註 NOTES:

- 如付款之金額每次可能不相同,則請將最高者定為每次付款之最高限額。
- 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。如欲使本直接付款授權書無限期有效(或直至予以撤銷為止),則請將該欄留空。但該銀行將不受此限,並可將超過兩年未有任何過賬紀錄之直接付款授權宣告失效,及可刪除該授權紀錄而毋須另行通知。
- 在支賬參考欄內,請填上與收款人之辨認參考資料,例如學生編號、抵押合約號碼、租約號碼等。
- 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.
- 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. If there is no transaction being recorded under this direct debit authorisation for over two years, the Bank may delete this direct debit authorisation without giving any notice.
- In the box marked 'Debtor's Reference' enter the identifying reference between yourself and the party to be credited i.e. student number, mortgage agreement number, rental agreement number, etc.

(英文文本與中文譯本文義如有歧異,概以英文本為準。)

* 請刪去不適用者 Delete whichever is not appropriate

填妥本授權書後,請交回閣下往來銀行

PLEASE COMPLETE AND RETURN THIS FORM TO THE BANK

(範例- Sample)

直接付款授權書

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International Care Ministries Limited	0 2 4	3 9 5	0 1 7 4 6 0 0 0 1

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I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our below-mentioned account to be debited for the transfer.

I/We agree that should there be insufficient funds in my/our below-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.

This authorisation shall have effect until further notice or until the below given expiry date (which shall first occur).

本人(等)之銀行及分行名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人(等)之賬戶號碼 My/Our Account No.
Hang Seng Bank Limited (Print in English)	0 2 4	3 8 8	4 5 6 7 8 9 0
本人(等)在結單/存摺上所紀錄之名稱 My/Our Name as record on Statement/Passbook	本人(等)在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook		
Chan Sau Man (Account name, print in English)	可留空 May leave blank		
每*次/月付款之限額 Limit for each *Payment / Month 港幣(請參閱附註 1)HK\$ (See Note 1) 請填上每月付款之限額.	到期日(請參閱附註 2) Expiry Date (See Note 2) D D M M Y Y 可 留 空 May leave blank	本人(等)之簽名 My/Our Signature(s) 需與銀行戶口簽署相同 Same as your account signature	日期 Date 填寫授權書日期 Date of authorization
付款人之姓名(若非賬戶持有人) Name of Debtor (if other than account holder)	支賬參考(必填之欄-請參閱附註 3) Debtor's Reference (Compulsory Field - See Note 3)		
Chan Sau Man (Donor's name, print in English)	C H A N S A U M A N		
以下由銀行填寫 For Bank Use Only	Signature Verified		

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- 在支賬參考欄內,請填上與收款人之辨認參考資料,例如學生編號、抵押合約號碼、租約號碼...等。
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