

注意：銀行只接受正本
 Note: Bank only accept originals
 請以郵寄方式或親自提交此表格往播道兒童之家
 Please submit this form by mail or in person to Evangel Children's Home

樣本 Sample

直接付款授權書 DIRECT DEBIT AUTHORIZATION FORM

Date 日期	(日 DD / 月 MM / 年 YY)

收款的一方 (收款人) Name of Party to be Credited (The Beneficiary) 播道兒童之家 Evangel Children's Home	銀行編號 Bank No. 0 0 4	分行編號 Branch No. 0 9 1	戶口號碼 Account 0 0 2 5 6 8 - 0 0 2
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- 本人(等)現授權本人(等)的下列銀行，(根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以下指定的限額。
I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instruction as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 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 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.
- 如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加)，本人(等)願共同及個別承擔全部責任。
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).
- 本人(等)同意如本人(等)的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，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.
- 本直接付款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)。本人(等)同意如本人(等)已設立直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的紀錄，本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等)，即使本授權書並未到期或未有註明授權到期日。
This direct debit authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization.
- 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/更改生效日期最少兩個工作天之前交予本人(等)的銀行。
I/We agree that any notice of cancellation or variation of this authorization 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.

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捐助者姓名 Name of Donor(s) 陳大文 Chan Tai Man	付款人編號 (此欄由播道兒童之家填寫) Debtor's Reference (for official use only)		
本人(等)銀行戶口的名稱 (請以英文正楷填寫) My/Our Name(s) of Bank Account (Please write in Block Letters) 陳大文 Chan Tai Man	本人(等)的簽署 My/Our Signature (s) X		
本人(等)的銀行及分行的名稱 My/Our Bank Name and Branch 匯豐銀行(大有街分行) HSBC (Tai Yau Street Branch)	銀行編號 Bank No. 004	分行編號 Branch No. 123	本人(等)的戶口號碼 My/Our Account No. 456789-888
每次/月付款的限額 Limit for each payment/month HK\$500	到期日 (日/月/年) Expiry Date (DD/MM/YY) <small>停止捐款日期 Donation Suspension Date DD/MM/YY (或可以留空，日後才通知銀行 or leave it blank and inform later)</small>	銀行專用 For Bank Use Only	