



《活得好社群轉化計劃》每月定期捐款 Monthly donation for Good Life Project

姓名 Name(中文) _____ (Eng) _____ (先生/女士 Mr./Ms.)
聯絡電話 Tel (手提 Mob) _____ (住宅 Home) _____ (傳真 Fax) _____
電郵 Email _____
通訊地址
Postal address(Eng) _____

《活得好社群轉化計劃》直接付款授權書

Good Life Transformation Program Direct Debit Authorization Form

請以英文正楷填寫並刪去不適用者 Please write in block letters and delete whichever is not appropriate

Name of party to be credited (the Beneficiary) 收款之一方 (受惠機構) Operation Blessing Hong Kong Ltd 慈福行動有限公司		Bank No. 銀行編號 0 0 4	Branch No. 分行編號 8 0 9	Account No. to be credited 收款賬戶之號碼 4 0 1 1 4 4 0 0 1
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	My/Our Account No. 本人 / 吾等之賬戶之號碼
# My/Our Name as recorded on Statement/Passbook # 本人 / 吾等在結單 / 存摺上所紀錄之名稱				Contact Telephone No. 聯絡電話號碼
+ Limit for Each Payment / * Month * 每次/月 付款之 + 限額	+ Expiry Date (day/month/year) + 到期日(日/月/年)	My/Our Address as recorded on Statement/Passbook 本人 / 吾等在結單 / 存摺上所紀錄之地址		
# Name of the Debtor (if other than Account Holder) # 付款人名稱(若非戶口持有人)		+Signature Verified +本人 / 吾等的簽署 X		
+Debtor Reference Number +付款人編號				
For Bank Use 供銀行專用	Remarks			

Terms & conditions 條款及細則

- I/We hereby authorize my/our above named Bank to effect transfers from my/our account to that of the 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 above.
本人 / 吾等現授權本人 / 吾等之上述銀行, (根據受惠機構或其往來銀行不時給予本人 / 吾等銀行之指示)自本人 / 吾等之賬戶內轉賬予上列之受惠機構。每次轉賬金額不得超過以上指定之限額。
- 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 / 吾等同意本人 / 吾等之銀行毋須證實該等轉賬通知是否已交予本人 / 吾等。
- 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).
如因該等轉賬而令本人 / 吾等之賬戶出現透支(或令現時之透支增加), 本人 / 吾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 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.
本人 / 吾等同意如本人 / 吾等之賬戶並無足夠款項支付該等授權轉賬, 本人 / 吾等之銀行有權不予轉賬, 且銀行可收取慣常之收費, 並可隨時以一星期書面通知取消本授權書。
- This authorization shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。
- 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.
本人 / 吾等同意, 本人 / 吾等取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天之前交予本人 / 吾等之銀行。

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.
如台端付款的數額每次可能不相同, 則請將「每月付款之限額」定為每次付款的最高限額。
- This Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
本直付款授權書將於「到期日」一欄中所填寫的日期自動撤銷。如貴戶想直付款授權書無限期有效(或直至貴戶予以撤銷為止), 則請將該欄留空。
- 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的簽名與銀行戶口所簽者完全相同。
- In the box marked "Debtor Reference Number", please leave box blank. 請將「付款人編號」一欄留空。
- If "Limit for each Monthly Payment" is not specified, the debtor's bank will set the limit as "unlimited".
如「每月付款之限額」一欄留空, 付款銀行會將轉賬限額設定為「不設上限」。
- Your Direct Debit Authorization set up request will normally be processed within 10 working days (excluding Saturday, Sunday and public holiday) upon receipt of your form.
在一般情況下, 我們將在收到您的直接付款授權的設立申請表後十個工作天內(不包括星期六、日及公眾假期)處理您的申請。