## DIRECT DEBIT AUTHORISATION (Generic Set-up) 直接付款授權書

1	day	日	/	month	月	/	year 年	
Date 日期							400000	

- Note 注意: 1. Please tick where applicable. 請在適當的地方加上剔號。
  - 2. For HSBC customers, please return the completed form to the Bank or mail to Automatic Payments Centre, Payment Services at P O Box 72677, Kowloon Central Post Office, Kowloon, Hong Kong. You may also set up the direct debit authorisation through HSBC Internet Banking. For non-HSBC customers, please complete and return this form to your banker. 如屬滙豐客戶,請將已填妥的表格交回本行或寄回九龍中央郵政局郵政信箱 72677號隨款服務自動轉賬中心。您亦可透過滙豐網上理財設立直接付款授權。如非滙豐客戶,請依次填寫並將此授權書交給貴戶的往來銀行。
  - 3. Your Direct Debit Authorisation set up request will normally be processed within 4 working days (excluding Saturday, Sunday and public holiday) upon receipt of your form. 在一般情況下,本行將在收到您的直接付款授權的設立申請表後四個工作天內(不包括星期六、日及公眾假期)處理您的申請。

Name of Party to be Credited (The Beneficiary) 收款的一方(收款人)		Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼		
Hong Kong Nurses Christian Fellowship		0 0 4	1 2 7	020790 001		
My/Our Bank Name and Branch 本人 (等) 的銀行及分行的名稱		Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No. 本人(等)的	戶口號	
					1	
My/Our Name(s) as recorded on Statem	nent/Passbook (in Block Letters) 本人(	等) 在結單/存摺上所紀	錄的名稱(請以英文)	正楷填寫)		
Contact Telephone No. 聯絡電話號碼  Maximum Limit for 最高付  Note 注意: If blank, the debto 如無墳窩,付款銀行稿  Each Payment 每次		vill set as "unlimited". 貧酸定為「不設上限」。 Each Month 每月	Expiry Date (day/month/year) 到期日 (日/月/年) Note 注意: If blank, this authorisation shall have effect unti- further notice and Expiry Date should be greate than 3 months. 如無填寫, 此直接付款授權書將無限期刊 教育至另行通期及到期日必須大於三個月。			
My/Our Address as recorded on Statem	 ent/Passbook 本人(等)在結單/存摺上所	行紀錄的地址		,		
				6		
Debtor Name (in Block Letters) 付款人名稱 (請以英文正楷填寫) Note 注意: Please specify if other than Account Holder. 如非戶口持有人,請填寫。				eld) 付款人編號 (必填之欄) e party to he credited 貴賬戶與收款一方	的編號	
Declaration (For HSBC Customer Only	n) 壁田(日確用於雅豐客戶)					
instructions as my/our Bank may re the amount of any one such transfe	e named Bank to effect transfers from eceive from the beneficiary and/or its ber shall not exceed the limit indicated a 本人(等)的戶口內轉賬予上述收款人。惟每	panker and/or its bank above. 本人(等)現想	cer's corresponden 權本人(等)的上述	at from time to time provided alway	s that	
	not be obliged to ascertain whether or n 營實該等轉賬通知或沖銷通知是否已交予本人		n transfer or revers	sal notice has been given to me/us.		
. I/We jointly and severally accept fu	all responsibility for any overdraft (or i 令本人(等)的戶口出現透支(或令現時的減	ncrease in existing o			sult of	
date (as specified in the instructions for the transfer authorised herein. Bank will be entitled, at its absolu authorisation at any time without n time without prior notice.  本人(等)明白本人(等)須在指定的轉內備有足夠款項以便支付該等授權轉賬。	wintain sufficient funds in the account of sreceived by my/our Bank from the be I/We agree that should there be insufficient to discretion, not to effect such a transcription of the avoidance of the avoidance of the properties of the avoidance	eneficiary and/or its beneficiary and/or its beneficient funds in my/or its beneficient funds in my/or its beneficiary and be	panker and/or its bur account to mee the Bank may lever may cancel this a 理行不時收到的指示轉賬,本人(等)的	wanker's correspondent from time to et any transfer authorised herein, n ry its usual charges and may cance authorisation at its sole discretion (1) 前一個營業日(分行辦公時間內), 均銀行有絕對酌情權不予轉賬,且本人(	time) ny/our el this at any 在戶口	
no transaction is performed on my/	l have effect until further notice or unti /our account under such authorisation t it prior notice to me/us, even though th 新知為止動資系上列到贈用為止(四國美由基	for a continuous peri- e authorisation has n	od of 30 months, a ot expired or there	my/our Bank reserves the right to e is no expiry date for the authorisa	cance	
本直接付款授權書將繼續生效直至另行並 月內未有根據本授權而作出過賬的紀錄, 6. I/We agree that any notice of cance prior to the date on which such can	· 本人(等)的銀行保留權利取消本直接付款 Ellation or variation of this authorisation cellation/variation is to take effect.	安排而毋須另行通知本。 n which I/we may giv	人(等),即使本授村 e to my/our Bank	shall be given at least two working		
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