



樂信兒童慈善遊戲治療中心

DIRECT DEBIT AUTHORISATION 直接付款授權書

我願意成為「彩虹天使」！每月捐款港幣 200 元便能支持一位有需要的兒童及其家庭得到專業的兒童遊戲治療及家長輔導課。

捐款人資料

中文姓名:	先生 / 女士	English Name	Mr. / Ms.
地址: (請以英文填寫) Address:			
聯絡電話: Contact Number:		電郵: Email:	

您的個人資料將絕對保密，只供本機構與閣下聯絡，並作處理捐款及寄發收據之用。此外本會將透過你的通訊資料提供有關扶貧、籌款、教育活動等資訊。請以“√”號表示：本人
 同意 / 不同意樂信兒童慈善遊戲治療中心向我提供上述資料。(如閣下未有表明是否同意，本機構假定閣下接受本機構向閣下發出上述資訊，直至另行通知。) 若有任何疑問，請致電 3590 6887 與本機構聯絡。

收款的一方 (收款人) Name of Party to be Credited (The Beneficiary) Advance Children Medical and Education Foundation Limited	銀行號碼 Bank No. 004	分行號碼 Branch No. 502	戶口號碼 Account No. 862600002
本人(等)的銀行及分行名稱 My/Our Bank Name and Branch	銀行號碼 Bank No.	分行號碼 Branch No.	戶口號碼 Account No.
本人(等)在結單/存摺上所紀錄的名稱 (請以英文正楷填寫) My/Our Name (s) as recorded on Statement/Passbook (in block letters)	聯絡電話號碼 Contact Telephone No.:		
本人(等)在結單/存摺上所紀錄的地址 My/Our Address as recorded on Statement/Passbook			
Name of Debtor (if other than Account Holder) 債務人的姓名(若非戶口持有人)	每次/月付款之限額* Limit for Each Payment/Month* HK\$	到期日 (日/月/年) Expiry Date (day/month/year) / /	
樂信兒童醫療及教育基金會有限公司債務人參考 For Advance Children Medical and Education Foundation Limited Debtor's Reference DNR	本人(等)之簽署(銀行戶口簽名) My/Our Signature (s) (as signed for bank account)		
銀行專用 For Bank Use Only	Remarks	Branch Chop	

附註 NOTES:

1.* Please delete whichever is not appropriate. *請刪去不適用者。2. 如「每次/月付款之限額」一欄未有填上，債務銀行會將轉賬限額設定為「不設上限」。If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited". 3. 本直接付款授權書將於「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)，則請將該欄留空。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.

條款及細則 TERMS AND CONDITIONS:

1. 本人(等)現授權本人(等)的上述銀行，(根據收款人或其往來銀行及/或代理人不時給予本人(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上指定的限額。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 instructions 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. 2. 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. 3. 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)願共同及各別承擔全部責任。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). 4. 本人(等)明白本人(等)須在指定的轉賬日期(即根據本人(等)的銀行從收款人或其往來銀行及/或代理人不時收到的指示)前一個營業日(分行辦公時間內)，在戶口內備有足夠款項以便支付該等授權轉賬。本人(等)並同意本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行可收取慣常的收費，並可隨時取消該等授權轉賬且毋須通知本人(等)。為避免疑問，本人(等)的銀行可隨時自行決定取消該等授權且毋須通知本人(等)。I/We understand that I/We must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorized herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorized herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorization at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorization at its sole discretion at any time without prior notice. 5. 本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立的直接付款授權的戶口連續 30 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 above (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. 6. 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. 7. 本人(等)的銀行可根據不時規定之收費，向本人(等)的上述戶口收取設立/更改指示之費用。The Bank may charge an instruction setup/amendment fee from my/our account stated above in accordance with the rates as specified by the Bank from time to time.

請填妥此表格並將正本郵寄致：觀塘偉業街 137 號泛亞中心 303 室

Please mail the original filled form to Room 303, Pan Asia Center, 137 Wai Yip Street, Kwun Tong