

# DIRECT DEBIT AUTHORISATION 直接付款授權書

Note : Please complete and return this form to your banker. 注意：請依次填寫並將此授權書交給 貴戶之往來銀行。

Date 日期：\_\_\_\_\_

Name of Party to be Credited (The Beneficiary) 收款之一方(受益人) <b>Lifeline Express Hong Kong Foundation</b> 健康快車香港基金	Bank No 銀行編號 0 0 4	Branch No. 分行編號 5 1 1	Account No. 賬戶號碼 8 9 5 9 5 5 0 0 1
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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 from time to time provided always that the account of any one such transfer shall not exceed the limit indicated below.

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.

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).

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.

This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).

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/吾等現授權本人/吾等之下述銀行，(根據受益人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述受益人。惟每次轉賬金額不得超過以下指定之限額。

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。

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。

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。本授權書將會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)。

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日之前交予本人/吾等之銀行。

My/Our Bank Name and Branch 本人/吾等之銀行及分行名稱	Bank No 銀行編號	Branch No. 分行編號	My/Our Account No. 本人/吾等賬戶號碼
#My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱			Contact Tel No. 聯絡電話號碼
+Limit for Each *Payment/Month 每次月付款之限額	+Expiry Date 到期日 Day 日 Month 月 Year 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 Debtor(if other than Account Holder) 債務人之姓名(若非賬戶持有人)		+My/Our Signature 本人/吾等簽名	
+Debtor's Reference(Compulsory Field) 債務人參考(必填之欄)			
For Bank Use Only 銀行專用	Remarks	Signature Verified	

\*Please delete whichever is not appropriate. 請刪去不適用者。

#Please write in block letters. 請以英文正楷填寫。

+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 台灣付款之數額每次可能不相同，則請將最高者定為每次付款之最高限額。
- This Direct Debit Authorisation 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 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。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。
- In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.  
在債務人之參考欄內，請將 貴戶與受款一方之關係，略予說明，例如學生編號，抵押合約號碼等。

填妥此受權書後，請郵寄致健康快車香港基金辦公室，地址：九龍觀塘開源道54號豐利中心5樓504室。  
After completing the form, please send to Lifeline Express Hong Kong Foundation Office and mail to: Rm 504, 5/F., Hewlett Centre, 54 Hoi Yuen Road, Kwun Tong, Kowloon.