

DIRECT DEBIT AUTHORISATION FORM 自動轉帳授權書

Name of party to be credited (The Beneficiary) 收款人一方(受益人) 香 港 耆 康 老 人 福 利 會														
Bank no. 銀行編號			Branch no. 分行編號			Account no. to be credited 收款帳戶之號碼								
0	2	4	2	8	0	5	4	6	5	2	4	0	0	1

I/we hereby authorize The Hong Kong Society For The Aged to initiate and the Bank name above to process debits to my/our account notwithstanding that to do so may result in an overdraft or an increase on the existing overdraft on my/our account. Should there be insufficient funds in my/our account to meet such 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. I/we agree to notify The Hong Kong Society For The Aged of any change of bank account or cancellation of payment method. 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 one week prior to the date on which such cancellation or variation is to take effect. 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 below-mentioned account which may arise as a result of any such transfer(s). I/We understand that if there is no transaction being recorded under this direct debit authorization for over two years, the Bank may delete this direct debit authorization without giving any notice.

本人/吾等茲授權香港耆康老人福利會及上述銀行，由本人/吾等之銀行帳戶內支付帳款。如因支付後引致本人/吾等之帳戶透支，或增加原有的透支金額，亦請照付。但銀行方面，則可因本人/吾等之存款不足而拒予撥付，且銀行可收取慣常之收費，亦可隨時以一星期書面通知取消本授權書。本人/吾等同意通知香港耆康老人福利會有關更改銀行帳戶或取消轉帳付款方式。本人/吾等同意取消或更改本授權書之任何通知須於取消或更改生效日最少一星期之前交與本人/吾等之銀行。本人/吾等同意本人/吾等之銀行無須證實該等通知是否已交付本人/吾等。如因該等轉帳而令本人(等)之下述戶口出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。本人/吾等明白可將超過兩年未有任何過帳記錄之直接付款授權宣告失效，及可刪除該授權記錄而毋須另行通知。

1. My/our full name(s) with my/our bank 本人/吾等之銀行戶口姓名														
Mr / Ms 先生 / 女士														
2. My/our full address 本人/吾等之地址														
3. Contact tel. no 聯絡電話						4. Date of completing form 填表日期								
5. Bank and Branch name 銀行及分行名稱														
6. Bank no. 銀行編號			Branch no. 分行編號			Savings/Current Account No. 本人/吾等之儲蓄/來往戶口號碼								
7. My/our signature(s) 本人/吾等之簽名 在結單/存摺上所記錄之簽名 Sign your name as recorded on statement/passbook														

For Official Use Only 此欄不用填寫

For SAGE use 由耆康會填寫 Debtor's reference 捐款人編號	For bank use 以下由銀行填寫	Signature verified 簽名式樣
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Only originals are accepted, any alteration requires signature.

請交回表格正本，任何塗改請簽名以示確認。

NOTE: Transactions will normally be processed on or about the 7th day of the month. 約每月7號過數。

Please send this form and monthly donation form to SAGE Head Office at 11/F, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, Hong Kong and attention to Fundraising Department or fax to (852) 2311 2373.
請將本表格及月捐捐款表格寄回香港北角百福道21號香港青年協會大廈11樓耆康會籌款部收或傳真(852) 2311 2373。

查詢捐款熱線：2596 1066