

## 自動轉賬授權書 Direct Debit Authorization Form

收款之一方 (受益人) Name of party to be credited (The Beneficiary)

**教區勞工牧民中心 (新界) Diocesan Pastoral Centre for Workers (New Territories)**

銀行編號 Bank number	分行編號 Branch number	收款賬戶之號碼 Account number to be credited
0   7   2	7   1   1	5   2   0   0   0   0   3   2   9

本人 (等) 現授權本人 (等) 之下述銀行, 根據受益人及/或其銀行及/或代理行不時給予本人 (等) 銀行之指示, 自本人 (等) 之賬戶內轉賬予受益人, 唯每次轉賬金額不得超過以下指定之限額。本人 (等) 同意本人 (等) 之銀行無須證實該等轉賬通知是否已交予本人 (等)。如因該等轉賬而令本人 (等) 之賬戶出現透支 (或令現時之透支增加), 本人 (等) 願意承擔全部責任。本人 (等) 同意如本人 (等) 之賬戶並無足夠款項支付該等授權轉賬, 本人 (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。本授權書將繼續生效直至另行通知為止。本人 (等) 同意任何取消或更改本授權書之通知須於取消或更改生效日最少兩個工作日之前交予本人 (等) 之銀行。

I/We hereby authorize my/our Bank named below to effect transfers from my/our account to that of the 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. 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 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. 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 any 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. 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.

1. 本人 (等) 之銀行賬戶姓名 My/Our full name(s) with my/our Bank									
先生/女士/小姐/太太 Mr./Ms./Miss/Mrs.									
英文姓名 (姓) Name in English (Surname)									
(名) (First name)									
中文姓名									

2. 本人 (等) 之地址 My/Our full address									

3. 聯絡電話 Contact phone number(s)									
手提 Mobile :					住宅 Residential :				

4. 身份證號碼 HKID number	5. 每月捐款金額 Monthly amount of donation HK\$
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6. 銀行名稱 Bank name	7. 分行名稱 Branch name
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8. 銀行編號 Bank number	分行編號 Branch number	本人 (等) 之賬戶號碼 Account number

9. 本人 (等) 之簽名 My/Our signature(s)	10. 填表日期 Date of completing form
在結單/存摺上所紀錄之簽名 Sign your name(s) as recorded on statement/passbook	

由本中心填寫 For Diocesan Pastoral Centre for Workers (New Territories) Use 捐款人編號 Debtor's Reference	以下由銀行填寫 For Bank Use	簽名式樣 Signature Verified
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