

Monthly Direct Debit Donation Form ◆ 每月捐款計劃自動轉帳表格

To : Bank of China (Hong Kong) Limited ("the Bank")
致：中國銀行(香港)有限公司 (下稱「銀行」)

I authorize **Loving Kids Community Service Co. Limited** to charge a monthly gift to help our **Loving Kids Project**.
本人授權愛苗行動社區服務有限公司在本人賬戶定期每月作自動捐款以贊助愛孩子計劃課託服務。

Donor Details ◆ 捐款人資料 (請分別以中文、英文正楷填寫) :

(請以中文正楷填寫)

(請以英文正楷填寫)

姓名:	先生/小姐/太太	Name:	Mr/ Miss/ Mrs
地址:		Address:	
電郵 Email:		電話 Tel:	傳真 Fax:

Monthly Direct Debit Donation Authorization Form ◆ 每月自動轉帳捐款授權書

YES! I want to be a monthly donor of "Loving kids Angel". 我願意成為愛苗行動之月捐「愛苗天使」

每月捐款	<input type="checkbox"/> HK\$100 (港幣\$100)	<input type="checkbox"/> HK\$300 (港幣\$300)	<input type="checkbox"/> HK\$500 (港幣\$500)
	<input type="checkbox"/> Other Amount HK\$_____ per month. For support "Loving Kids Project" other service.		
	<input type="checkbox"/> 其他金額: 每月港幣\$_____, 用以支持「愛孩子計劃」之其他服務		

Name of party to be credited (the beneficiary) 收款之一方 (受益人) Loving Kids Community Service Co. Limited 愛苗行動社區服務有限公司													
Bank No. 銀行編號			Branch No. 分行編號			Account No. to be credited 收款賬戶之號碼							
0	1	2	6	0	1	0	0	0	9	2	2	6	9
<p>I/We hereby authorize my / our below named Bank to effect transfers from my / our account to that of above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary and / or its banker's correspondent from time to time.</p> <p>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.</p> <p>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).</p> <p>I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.</p> <p>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.</p> <p>This direct debit authorization shall have effect until further notice. I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period 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.</p> <p>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 four working days prior to the date on which such cancellation or variation is to take effect.</p> <p>本人/吾等現授權本人/吾等之下述銀行, (根據受益人其往來銀行及/或代理人不時給予本人/吾等銀行之指示) 自本人/吾等之賬戶內轉帳予上述受益人。</p> <p>本人/吾等同意本人/吾等之銀行毋須證實該等轉帳通知是否已交予本人/吾等。</p> <p>如因該等轉帳而令本人/吾等之賬戶出現透支 (或令現時透支增加), 本人/吾等願共同及各別承擔全部責任。</p> <p>本人/吾等確認本人/吾等在此表格上的簽署與本人/吾等用轉帳的戶口的簽署相同。</p> <p>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帳, 本人/吾等之銀行有權不予轉帳, 且銀行可收償常之收費。並可隨時以一星期書面通知取消本授權書。</p> <p>本直接付款授權書將繼續生效直至另行通知為止。本人/吾等同意如本人/吾等已設立之直接付款授權的戶口連續三十個月內未有根據本授權而作出過帳的記錄, 本人/吾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/吾等, 即使本授權書並未到期或未有註明授權到期日。</p> <p>本人/吾等同意本人/吾等取消或更改本授權書之任何通知, 須於取消或更改生效日最少四個工作天之前交予本人/吾等之銀行。</p>													

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱													
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							
My/Our Name as recorded on Statement/Passbook 本人/吾等在月結單/存摺上所記錄之名稱													
My/Our Address as recorded on Statement/Passbook 本人/吾等在月結單 / 存摺上所記錄之地址													
HKID / Passport Number 香港身份證/護照號碼					My/Our Signature(s) (as signed for bank account) 本人/吾等之簽名(銀行戶口簽名)					Date 日期			

For Official use only 此欄不用填寫

For LK Debtor Reference no 債務人參考編號	For Bank use 銀行專用	Signature verified by 簽名核對
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Notes 附註:

- Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請保證閣下在此授權書內之簽名, 與銀行賬戶所簽者完全相同。
- Transactions will normally be processed on or around the 10th day of the month. 每月約十號過數。
- Please note that an annual receipt will be issued in April. 每月捐款收據將於每年四月寄奉。
- Please return the original copy to us. Any alternation requires signature. 請寄回此授權書正本給本機構。任何塗改請簽名確認。

Mail Address : Shop 103 and 104, Ground Floor, Lai Huen House, Lai Kok Estate, No12, Tonkin Street. Sham Shui Po, Kowloon, Hong Kong.

郵寄地址: 深水埗東京街 12 號麗閣邨麗萱樓 103-104 號地下 • 愛苗行動社區服務有限公司 • Tel: 2117 3665 Fax: 3175 2529