



請把表格正本寄回「家居平安協會有限公司 香港新界屯門利發徑6號G座2樓 會計部(捐款)」。任何塗改，請在旁邊加簽確認。

Please mail the original form to "Familyguard Association Ltd. 1/F No.6 Lee Fat Path, Tuenmun, NT, HK. Accounting Department(Donation)". Any alternation requires signature.

本人樂意每月捐款

I would like to make a monthly donation

HK\$1000

HK\$500

HK\$300

HK\$100

HK\$

捐款人資料

Donor's Personal Information

<input type="checkbox"/> 先生 Mr.	<input type="checkbox"/> 女士 MS.	<input type="checkbox"/> 小朋友 Child	捐款者編號 Donor No.: _____ (如適用 if applicable)
中文姓名 Chinese Name: _____。			英文姓名 English Name: _____。
聯絡電話 Contact Number: _____。			傳真號碼 Fax: _____。
電郵 Email: _____。			地址 Address: _____。

直接付款授權書

DIRECT DEBIT AUTHORISATION

收款之一方 (收款人) Name of party to be credited (<i>The Beneficiary</i>)	銀行編號 Bank No.	分行編號 Branch No.	收款帳戶之號碼 Account No. to be credited
Familyguard Association Limited	012	889	10954238
本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人(等)的帳戶號碼 My/Our Account No.
本人/吾等在月結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement / Passbook			
聯絡電話號碼 Contact Telephone No.	每月付款最高限額 Maxmum Limit for Each Month	本人/吾等之簽名 My/Our Signature(s) (在此授權書內的簽名或印章須與銀行帳戶所簽的完全相同) (Please sign in the usual way as you would sign on your Bank Account)	
	每月 Each Month		
本人/吾等在月結單/存摺上所紀錄之名稱 (請以英文正楷填寫) My/Our Name as recorded on Statement / Passbook (in Block Letters)			
付款人名稱 (請以英文正楷填寫) Debtor Name (in Block Letters) Note 注意: 如非帳戶持有人, 請填寫。 Please specify if other than Account Holder.	付款人編號 (必填之欄) —— 客戶編號 (需致電協會索取) Debtor reference (Compulsory Field) (貴帳戶與收款一方的編號 Reference between yourself and the party to be credited)		

聲明 Declaration

- 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/或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉帳予上述收款人。惟每次轉帳金額不得超過以上指定的限額。I/We hereby authorize my/our above 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 above.
- 本人(等)同意本人(等)的銀行毋須證實該等轉帳通知或沖銷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 or reversal notice has been given to me/us.
- 如因該等轉帳而令本人(等)的戶口出現透支(或令現時的透支增加), 本人(等)願共同及個別承擔全部責任。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).
- 本人(等)同意本人(等)的戶口並無足夠款項支付該等授權轉帳, 本人(等)的銀行有權不予轉帳, 且銀行可收取慣常的收費, 並可隨時以一星期授書面通知取消本授權書。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.
- 本直接付款授權書將繼續生效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)已設立直接付款權的戶口連續三十個月內未有根據本授權而作出過帳的紀錄, 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.
- 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.

銀行專用 For Bank Use Only	Remarks	Branch Chop
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注意事項:

- 付款人的資料如有任何改變以致直接付款授權書失效, 付款人必須通知本會。
- 如以銀行直接付款方式繳付, 將不發收據。
- 請填妥直接付款授權書, 寄往或親身送交你的銀行。
- 如在填寫直接付款授權書遇有任何困難, 或對自動轉帳繳付費用有任何疑問, 請與本會會計部聯絡。電話: 2466 6688 傳真: 8208 8642