

自動轉帳捐款表格 Autopay Donation Form



Direct Debit authorisation 自動轉帳授權書 (Please send back the original 請寄回正本)

I/We hereby authorise my bank to debit my/our bank account to make a monthly donation of HK\$_____ to the Children's Kidney Fund.

本人/吾等現授權銀行於本人/吾等銀行賬戶戶口支付港幣_____元作□兒腎病基金的每月捐款

Name of Party to be Credited (The Beneficiary)	Bank Name 銀行名稱	Bank No. 銀行編號	Account No. to be credited 收款賬戶之號碼
Children's Kidney Fund 兒童腎病基金	上海商業銀行	025	328-82-514535

Please Print 方便電腦處理，以下資料請以英文正楷填寫

My/Our Full Name(s) 本人/吾等之名稱 Mr/Miss/Mrs 先生/小姐/女士		Bank No. 銀行編號	Branch No. 分行編號	Account No. 本人/吾等之賬戶號碼
Surname 姓				
First Name(s) 名		My/Our Full Address 本人/吾等之地址		
中文姓名				
Bank Name 銀行名稱	Branch Name 分行名稱			
Monthly Limit (Donation) HK\$ 每月捐款港幣\$		My/Our Signature(s) 本人/吾等之簽名		
Contact Telephone 聯絡電話	Date of Completing Form 日期	Sign your name as recorded on statement/passbook 在結單/存摺上所記錄之簽名		
For office Use Debtor's Reference (Donor's Ref) 債務人參考檔案號碼	For Bank Use 由銀行填寫	Signature Verified 簽名式樣		

Declaration 聲明

1. I/We hereby authorise my/our above named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instruction as my/our Bank may receive from the beneficiary and /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)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)的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。
2. 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. 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。
3. 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). 如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加)，本人(等)願意共同及個別承擔全部責任。
4. I/We agree that should there be insufficient fund in my/our account to meet any transfer hereby authorised, 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 authorisation at any time on one week's written notice. 本人(等)同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
5. This direct debit authorisation 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 authorisation 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 authorisation has not expired or there is no expiry date for the authorisation. 本直接付款授權書將繼續生效直至另行通知□止，本人(等)同意如本人(等)已設立的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賬的記錄，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。
6. I/We agree that any notice of cancellation or variation of this authorisation 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(等)同意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。

Please return the completed form to the Children's Kidney Fund by mail 請填妥表格並寄回兒童腎病基金

Rm 803, Hang Seng Bank Mongkok Building, 677 Nathan Road, Mongkok, Kowloon, HK

香港九龍旺角彌敦道677號旺角恆生銀行大廈803室

電話Tel: (852) 2369 4928 電郵email: info@childrenkidneyfund.org.hk

All donation of HK\$100 or more are tax deductible 捐款港幣一百元或以上可申請免稅