



勞工處職工儲蓄互助社 銀行直接付款授權書 (附頁二)

DIRECT DEBIT AUTHORISATION 直接付款授權書

Note: Please complete and return this form to your banker.

注意:請依次填寫並將此授權書交給貴戶的往來銀行

Date 日期	Day 日/Month 月/Year 年

Name of Party to be Credited (The Beneficiary) 收款的一方(受益人)	Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼
Labour Department Staff Credit Union 勞工處職工儲蓄互助社	0 0 4	0 0 2	3 8 8 0 3 1 0 0 1

- I/We hereby authorise my/our below 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 from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
本人(等)現授權本人(等)的下列銀行, (根據受益人或其往來銀行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述受益人戶口內。惟每次轉賬金額不得超過以下指定的限額。
- 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)。
- 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)願共同及各別承擔全部責任。
- I/We agree that should there be insufficient funds 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。
- This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).
本授權書將繼續生效直至另行通知為止或直至下列到期日期為止(以兩者中最早的日期為準)。
- 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, 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。

My/Our Bank Name and Branch 本人(等)的銀行及分行的名稱	Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No. 本人(等)的戶口號碼
#My/Our Name(s) as recorded on Statement/Passbook #本人(等)在結單/存摺上所紀錄的名稱	☎ Contact Telephone No. 聯絡電話號碼		
+Debtor's Reference+債務人參考	+Limit for Each *Payment/Month *每次/月付款的+限額		+Expiry Date (day/month/year) +到期日(日/月/年)
My/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的地址		+My/Our Signature(s) +本人(等)的簽署	
For Bank Use Only 銀行專用	Remarks		Signature Verified

*Please delete whichever is not appropriate. *請刪去不適用者。

*Please write in Block Letters. #請以英文正楷填寫。

+Notes +附註:

- If the amount of your payments are likely to vary each time, set the **Limit of Each Payment** at the maximum amount you would expect to pay at any one time.
如台端付款的數額每次可能不相同, 則請將最高者定為每次付款的最高限額。
- This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "**Expiry Date**". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
本直接付款授權書將於「**到期日**」一欄中所填寫的日期自動撤銷。如貴戶欲直接付款授權書無限期有效(或直至貴戶予以撤銷為止), 則請將該欄留空。
- Please ensure that you sign the form in the usual way that you would sign on your bank Account.
請保證貴戶在此授權書內的簽名, 與銀行戶口所簽者完全相同。
- In the box marked "**Debtor's Reference**", please enter your membership number in the Labour Department Staff Credit Union.
在「**債務人參考**」欄內, 請填上台端在勞工處職工儲蓄互助社的社員編號。
- If "**Limit for Each Payment/Month**" is not specified, the debtor's bank will set the limit as "unlimited".
如「**每次/月付款的限額**」一欄未有填上, 債務銀行會將轉賬限額設定為「不設上限」。

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