



香港失明人佛教會

每月自動轉賬捐款表格

HKBSB

本人/機構樂意捐助支持香港失明人佛教會有限公司，燃點失明人內心的光明！

直接付款授權書 DIRECT DEBIT AUTHORISATION (請郵寄正本至本會)			
Name of Party Credited (The Beneficiary) 收款的一方 (收款人) Hong Kong Buddhist Society for the Blind Ltd. 香港失明人佛教會有限公司	Bank No. 銀行編號 0 0 4	Branch No. 分行編號 4 0 0	Account No. to be Credited 收款賬戶之號碼 7 4 0 1 7 1 - 8 3 8
My / Our Bank Name 本人/吾等銀行名稱	Bank No. 銀行編號	Branch No. 分行編號	My / Our Account No. 本人/吾等之賬戶號碼
My / Our name (s) as Recorded on Statement / Passbook 本人/吾等在月結單/存摺上所紀錄的名稱		My / Our Bank Account Signature (s) 本人/吾等銀行戶口的簽署 X	
Each Month / Payment 每月/每次港幣捐款 HK\$	Contact Telephone No. 聯絡電話	Expiry Date (day/month/year) 到期日(日/月/年)	
Donor Reference No.(For The Society Use Only) 捐款者編號(由本會填寫)	For Bank Use Only 銀行專用		
	Remarks	Branch Chop	

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 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)現授權本人(等)的上述銀行，(根據收款人或其往來銀行及/或代理人不時給予本人(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 or reversal notice 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或沖銷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)願共同及個別承擔全部責任。4.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。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。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，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。

捐款者資料(請用正楷填寫,所有資料絕對保密及只供寄發收據和通訊用途)

收據抬頭名稱 _____ 先生/太太/女士/小姐

地址 _____

聯絡電話 _____ 傳真 _____

電 郵 _____ 填表日期 _____

★ 為節省行政資源，捐款人士的定期總捐款額收據將於每年財政年度完結後寄發。 ★

捐款港幣100元或以上可憑收據申請免稅

衷心感謝您對視障朋友的支持!

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電郵：info@hkbsb.org.hk

傳真：3115 1199

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地址：九龍深水埗長沙灣道172-176號，文喬大廈4樓176室

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