

DIRECT DEBIT AUTHORISATION 直接付款授權書

Date 日期	Day 日 / month 月 / year 年

Note 注意： Please complete and return this form to your banker.
請依次填寫並將此授權書交給貴戶的往來銀行。

Name of Party to be Credited (<i>The Beneficiary</i>) 收款的一方(收款人) COLLEGE OF NURSING, HONG KONG	Bank No. 銀行號碼 004	Branch No. 分行號碼 111	Account No. 戶口號碼 025169001
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- I/We hereby authorize 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 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 below. 本人(等)現授權本人(等)的下述銀行，(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)的銀行毋須證實核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)願共同及個別承擔全部責任。
- I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby 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 direct debit authorization shall have effect until further notice or until further notice or until the expiry date written below (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. 本直接付款授權書將繼續生效直至另行通知為止或直至下列到期日為止(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。
- 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. 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/存摺上紀錄的名稱			Contact Telephone No. 聯絡電話號碼
*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	
#Name of Debtor (if other than Account Holder) #付款人名稱 (若非戶口持有人)		#My/Our Signature(s) #本人(等)的簽署	
#Debtor Reference (Compulsory Field) #付款人編號(必填之欄)		X	
For Bank Use Only 銀行專用	Remarks	Branch Chop	

*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 for 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 Authorization will be cancelled automatically on the date included in the box marked "**Expiry Date**". If you wish the Direct Debit Authorization 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。如貴戶意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 Reference**" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc. 在「**付款人編號**」欄內，請將貴戶與收款人一方的關係，略予說明，例如學生編號、抵押合約號碼等。
- 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，付款銀行會將轉賬限額設定為「不設上限」。
- For HSBC customers, please return the completed form to the Bank or mail to Automatic Payments Centre, Account Services at 12/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon. You may also set up the direct debit authorization through HSBC Internet Banking. 如屬匯豐客戶，請將已填妥的表格交回本行或寄回九龍深旺道1號匯豐中心12樓賬戶服務自動轉賬中心。您亦可透過匯豐網上理財設立直接付款授權。

P.T.O.

(SAMPLE)

My/Our Bank Name and Branch 本人(等)的銀行及分行的名稱 HSBC, HENNESSY ROAD		Bank No. 銀行號碼 004	Branch No. 分行號碼 123	My/Our Account No. 本人(等)的戶口號碼 4567890
#My/Our Name(s) as recorded on Statement/Passbook #本人(等)在結單/存摺上紀錄的名稱 CHAN SIU MAN				Contact Telephone No. 聯絡電話號碼 12345678
*Limit for Each Payment/*Month *每次/月付款的*限額 HK\$500.00	*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 6/F, VINCENT BUIDLING, WANCHAI ROAD, WANCHAI, HONG KONG		
#Name of Debtor (if other than Account Holder) #付款人名稱 (若非戶口持有人)		*My/Our Signature(s) *本人(等)的簽署 <i>Chan Siu Man</i> X		
†Debtor Reference (Compulsory Field) †付款人編號(必填之欄)				
For Bank Use Only 銀行專用	Remarks	Branch Chop		

請依照上述樣本填寫銀行授權書，空白部份請勿填寫；連同以下表格寄回香港護理學院，以便辦理。如有任何問題，請向 Sugar 查詢，電話：2572 9255.
Please fill in the Direct Debit Authorization Form (please refer to the above sample, leave the box blank as indicated) together with this sheet and send back to the College. Any queries, please call Miss Sugar at the College. Phone No. 2572 9255.

英文姓名： _____ 身份證號碼： _____
English Name: _____ I.D. Card No.: _____

以自動轉賬方式繳交
Paid for 會費 Membership Fee 聯絡電話： _____
 個別郵遞服務 Direct Mailing Service Contact Tel. No.: _____

會員簽名： _____ 日期： _____
Signature: _____ Date: _____