



每月捐款表格 (銀行自動轉賬授權書) Monthly Donation Form (Bank Direct Debit Authorisation)

捐款人資料 Donor's Information	
捐款人姓名 Name of Donor: _____	
收據抬頭 (如與捐款人不同) Name on Receipt (If different from donor's name): _____	
地址 Address: _____	
電話 Tel: _____	傳真 Fax: _____
電郵 Email: _____	日期 Date: _____

Bank Direct Debit Authorisation Form 銀行自動轉賬授權書			
Name of Party to be credited (The Beneficiary) 收款之一方 (受益人) End Child Sexual Abuse Foundation 護苗基金	Bank No. 銀行編號 0 0 4	Branch No. 分行編號 5 0 0	Account to be credited 賬戶號碼 3 1 6 3 2 8 0 0 1
<p>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.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).</p> <p>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.</p>		<p>本人/吾等現授權本人/吾等之下述銀行，(根據受益人或其往來銀行不時給予本人/吾等銀行之指示) 自本人/吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定之限額。</p> <p>本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。</p> <p>本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。</p> <p>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為止(以兩者中最早之日期為準)。</p> <p>本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。</p>	

Please fill in this form in English BLOCK LETTERS for computer processing. 為方便輸入資料，請以英文正楷填寫。

My / Our Bank Name 本人 / 吾等之銀行及分行名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼
My / Our Name(s) as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上所紀錄之名稱	My / Our Address as record on Statement / Passbook 本人 / 吾等在結單 / 存摺上所紀錄之地址		
(Please write in Block Letters. 請以英文正楷填寫)			
* Monthly donation amount * 每月捐款 <input type="checkbox"/> HK\$ 港幣 100 <input type="checkbox"/> HK\$ 港幣 200 <input type="checkbox"/> Others 其他 HK\$ 港幣 _____	Contact No. 聯絡號碼 Tel 電話: _____ Fax 傳真: _____ Email 電郵: _____		* My / Our signature(s) 本人 / 吾等之簽名 (Please sign your name as recorded on statement / passbook 在結單 / 存摺上所紀錄之簽名)

For Official Use Only 銀行專用			
* Debtor's reference (For ECSAF use) * 檔案編號 (由護苗基金填寫) E C M D	For bank use 銀行專用	Signature Verified 簽名式樣	

*** NOTES 附註 :**

- If the amount of your payment are likely to vary each time, set the Limit for Each Payment at the maximum amount your would expect to pay at any one time.
如台端付款之數額每次可能不同，則請將最高者定為每次付款之最高限額。
- 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」一欄中所填寫之日期自動撤銷。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。
- In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc. In the reference's column, please fill in the relationship between you and the party to be credited, e.g. student number, mortgage agreement number, etc.
在債務人的參考欄內，請將貴戶與受款一方的關係，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「每月/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」。

Please return this form to ECSAF by Mail: (Address: Unit 1-12, G/F, Nam Tai House, Nam Shan Estate, Shek Kip Mei, Kowloon, Hong Kong. Receipt will be sent in April of each year. Thank you for your support! 請填妥捐款表格後，郵寄至香港九龍石硤尾南山邨南泰樓地下 1-12 號『護苗基金』收。收據將於每年四月份寄出。謝謝您的支持!