



福幼基金會

Caring For Children Foundation

感謝閣下採用每月自動轉賬捐款支持「福幼基金會」，煩請將以下之授權書填妥後，把正本表格直接寄回本會處理，多謝合作！如有任何塗改，請簽名以示確認。(Only originals are accepted. Any alteration requires signature.)

- 註： i. 每月自動轉賬捐款只適用於儲蓄或往來戶口。如不清楚銀行編號，請由分行編號開始填充。
ii. 以下授權書內有 2 項不用填寫：檔案編號(由本會填寫)、銀行專用欄。
iii. 有關善款正式收據將於每個財政年度完結後一個月內一次性發出(按政府財政年度)，以便閣下作除稅用途。
iv. 如善長芳名與轉賬戶口名稱不一樣，請在捐款表格上註明。

DIRECT DEBIT AUTHORISATION 直接付款授權書

Date 日期

Table with 4 columns: Name of Party to be Credited (The Beneficiary) 收款之一方(受益人), Bank No. 銀行編號, Branch No. 分行編號, Account No. 賬戶號碼. Values: CARING FOR CHILDREN FOUNDATION LTD., 0 0 4, 1 3 8, 2 0 8 0 2 0 0 0 1

Form with multiple sections: My/Our Bank Name and Branch, # My/Our Name(s) as recorded on Statement/Passbook, + Limit for Each \*Payment /Month, + Expiry Date, My/Our Address as recorded on Statement/Passbook, # Name of Debtor, + My/Our Signature(s), Debtor's Reference, For Bank Use Only, Remarks, Signature Verified.

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.

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. 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).

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 whichever the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).

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/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一時給予本人/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。

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。

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。

本授權書將繼續生效直至另行通知為止或直止下列到期日為止(以兩者中最早之日期為準)。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。

\* 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： 1. 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 台端付款之數額每次可能不相同，則請將最高者定為每次付款之最高限額。 2. 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。 3. Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。

我願意於\_\_\_\_年\_\_\_\_月開始，每月捐助港幣\$\_\_\_\_\_支持「福幼基金會」以下項目：
 寄養計劃  棟樑計劃  復康計劃  減災扶貧  項目發展基金

每月港幣 100 元的捐款，可使一位偏遠地區小朋友「上學了」或一位困境孤兒「有家了」！