

SIMPLIFIED METHOD (DDA)

Originator's Code : 9 1 6 8 6 9

Please return this form to the creditor
請將此授權書交給收款之一方(受益人)

AutoPay - Direct Debit Authorisation 自動轉賬—直接付款授權書

Date 日期:

1. Name of Party to be credited 收款之一方(受益人)

Saint Francis University

2. Bank 銀行

Branch 分行

A/c no. to be credited 收款賬戶之號碼

072

721

502004744

I/We hereby authorise my/our below named Bank to effect transfer 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 transfers 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 confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

I/We agree to notify the above named beneficiary of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorised the Bank shall be entitled at its discretion not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

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 and at the same time such notice shall be given to the beneficiary.

本人(等)/本公司現授權本人(等)/本公司之下述銀行。(根據受益人不時給予本人(等)/本公司銀行之指示)自本人(等)/本公司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(等)/本公司同意本人(等)/本公司之銀行毋須證實該等轉賬通知是否已交予本人(等)/本公司。

如因該等轉賬而令本人(等)/本公司之賬戶出現透支(或令現時之透支增加),本人(等)/本公司願共同及各別承擔全部責任。

本人(等)/本公司証實本人(等)/本公司在這授權書上的圖章/簽字和本人(等)/本公司用作轉賬的戶口相同。

本人(等)/本公司同意如本人(等)/本公司之賬戶並無足夠款項支付該等授權轉賬,本人(等)/本公司之銀行有權不予轉賬,且銀行可收取慣常之收費。

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

本人(等)/本公司同意,本人(等)/本公司取消或更改本授權書之任何通知,須於取消/更改生效日期最少兩個工作天之前交本人(等)/本公司之銀行。

3. MY/OUR BANK NAME AND BRANCH 本人(等)/本公司之銀行及行所名稱

4. BANK NO.

BRANCH

MY/OUR ACCOUNT NO.

銀行

分行

本人(等)/本公司之賬戶號碼

6. LIMIT FOR EACH *PAYMENT/MONTH (1)
每次付款限額

7. EXPIRY DATE 到期日 (2)

D D M M Y Y Y Y

9. ADDRESS OF BANK ACCOUNT HOLDER 銀行賬戶持有人地址

13. WITNESSED BY (FULL NAME) 見證人姓名

14. WITNESS ID NO 見證人證件號碼

15. SIGNATURE OF ACCOUNT-HOLDER(S) 銀行戶口持有人簽名/蓋章 (3)

Signature Verified

NOTES 附註:

* ID TYPE : I = HKID, P = Passport, B = Business Registration, C = Certificate of Incorporation, X = Others

- 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.
- 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.
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
- In the box marked 'Debtor's Reference' enter the identifying reference between yourself and the party to be credited. i.e. student number, mortgage agreement number, rental agreement number, etc.
- 如 台端付款之數額每次可能不相同,則請將最高者為每次付款之最高限額。
- 本直接付款授權書將於「到期日」欄中所填寫之日期自動撤銷。如 貴戶意欲本直接付款授權書無限期有效(或者至 貴戶予以撤銷為止),則請將該欄留空。
- 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。
- 在債務人之參考欄內,請將 貴戶與受款一方之關係,略予說明,例如學生編號,抵押合約號碼等。