



GIVING LOVE ELDERLY CHARITABLE LIMITED

獻愛長者慈善社有限公司

M/F, No. 240 Tai Po Road, Sham Shui Po, Kowloon.

稅務局檔案號碼: 91/6453

九龍深水埗大埔道 240 號閣樓

Tel: 25900888

Fax: 27088678

http://www.givinglove.org.hk

直接付款授權書 DIRECT DEBIT AUTHORISATION

請填寫並將此授權書正本交予獻愛長者慈善社有限公司。 Please complete and return this form to Giving Love Elderly Charitable Limited. Only originals can be accepted.

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下述受益人。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是否已交予本人/吾等。如因該等轉賬而令本人/吾等之下述賬戶出現透支(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告為止。

注意事項: ▲銀行處理首次捐款時需時約兩個月。如欲即時捐款, 可連同表格一起寄上支票, 抬頭請寫「獻愛長者慈善社有限公司」。

▲表格上的資料如有任何更改, 請在旁簽名以示確認。

I / We hereby authorize my / our below named Bank to effect transfers from my / our account to that of the named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary and / or its banker from time provided always that the amount of any one such transfer shall not exceed the limited 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 give 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 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.

This authorization shall have effect unit further notice.

Notice: ▲ It takes the bank almost 2 months to process your first donation. If you would like to donate immediately, cheque can be make payable to "Giving Love Elderly Charitable Limited".

▲ In case of any amendment(s) / correction(s) on the form, please sign next to it.

我願意每月捐助獻愛長者慈善社有限公司 I would like to donate monthly by auto-pay to Giving Love Elderly Charitable Limited.

Name of Party to be Credited(The Beneficiary) 收款之一方 (受益人) GIVING LOVE ELDERLY CHARITABLE LIMITED 獻愛長者慈善社有限公司	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款人賬戶號碼
	0 0 4	5 0 2	1 2 4 9 9 3 0 0 1
My /Our Bank name And Branch 本人/吾等之銀行名稱	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 as recorded on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之名稱			My / Our ID card No. 本人/吾等之身份證號碼
My / Our Address as recorded on Statement / Passbook 本人/吾等在結單/存摺上所紀錄之地址			
Limit for each Monthly Payment 每月付款之限額	My / Our Signature(s) (as signed for bank account) 本人/吾等之簽名(銀行戶口簽名)		Date 日期

For official use only 此欄由本中心職員填寫

For "GLECL" Debtor ref. No. 「獻愛長者慈善社有限公司」債務人參考	For Bank use 銀行專用	Signature verified 簽名式樣