

Date		T	T	T		
日期	100	138	N/A			

DIRECT DEBIT AUTHORISATION(Generic Set-up) 直接付款授權書

- Note 注意:1. Please tick where applicable. 請在適當的地方加上剔號。
 - 2. Please return the completed form to the Bank or mail to Automatic Payments Centre, Payment Services at PO Box 72677, Kowloon Central Post Office, Kowloon, Hong Kong. You may also set up the direct debit authorisation through HSBC Internet Banking. 請將已填妥的表格交回本行或寄回九龍中央郵政局郵政信箱72677號匯款服務自動轉賬中心。您亦可透過滙豐網上理財設立直接付款授權。
 - 3. Your Direct Debit Authorisation set up request will normally be processed within 4 working days (excluding Saturday, Sunday and public holiday) upon receipt of your form. 在一般情况下,本行將在收到您的直接付款授權的設立申請表後四個工作天內(不包括星期六,日及公眾假期)處理您的申請。

Please refer to the bank tariff gu	uide for details of the charges. 收費之	学詳情請參閱銀行服務費用簡	介。				
Name of Party to be Credited (The Ber	Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼				
The Maryknoll Medical and We	0 0 4	7 4 1	4 2 3 7 5 0 8 3 8				
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	1號碼		
My/Our Name(s) as recorded on States	ment/Passbook (in Block Letters	s) 本人(等) 在結單/ 存持	置上所紀錄的名稱(請以英	文正楷填寫)			
Contact Telephone No. 聯絡電話號碼	i nlimited". 年 「不設上限」 -	Note 注意: If blank, notice ar 如無填寫	(day/month/year) 到期日(日/月/年) lank, this authorisation shall have effect until further ice and Expiry Date should be greater than 3 months. 無填寫,此直接付款授權書將無限期有效直至另行通知 到期日必須大於三個月				
	HKD 港元		. 00	D B B Y Y Y Y			
My/Our Address as recorded on Staten		存摺上所紀錄的地址					
Debtor Name (in Block Letters) 付款人:	名稱 (請以英文正楷填寫)	Debtor Reference (Cc	ompulsory Field) 付款人編	號(必填之欄)			
Note 注意: Please specify if other than Accoun				be credited 實賬戶與收款一方的編號)			
Declaration 聲明		Lkk					
account signatory(ies) of the relevant bus 行的指示)自本人(等)的戶口內轉賬予 人的簽名權限,以低者為準。 2. I/We agree that my/our Bank shall not be c 本人(等)同意本人(等)的銀行毋須證賣診 3. I/We jointly and severally accept full resp 賬而令本人(等)的戶口出現透支(或令現 4. I/We understand that I/we must maintain s instructions received by my/our Bank from there be insufficient funds in my/our accou	iness account, whichever is lower. 本 上述收款人。惟轉赈金額不得超過以 bibliged to ascertain whether or not not 等轉賬週知或沖銷週知是否已交予本 onsibility for any overdraft (or increas 青的透支增加),本人(等) 顯共同及{ furfficient funds in the account one bus the beneficiary and/or its banker and int to meet any transfer authorised he	に人(等)現授權本人(等) 上指定的最高付款限額。運豐 tice of any such transfer or re 人(等)。 e in existing overdraft) on m 圖別承擔全部责任。 siness day (before the close d/or its banker's corresponde erein, my/our Bank will be en	的上述銀行,(根據收款人或 企業客戶的轉脹金額不得超過 eversal notice has been given t y/our account which may arise of branch banking hours) befor int from time to time) for the tra titled, at its absolute discretion	e as a result of any such transfer(s). 如因該)銀 戶授權 s等轉 nould at the		
discretion at any time without prior notice. 本人(等)明白本人(等)須在指定的轉賬日	期 [即根據本人(等)的銀行從收款人享 (等)的戶口並無足夠款項支付該等授權	或其往來銀行及/或代理行不 權轉賬,本人(等)的銀行有絕	時收到的指示] 前一個營業日(5 對酌情權不予轉賬,且本人(等	分行辦公時間內),在戶口內備有足夠款項以 等)的銀行可收取慣常的收費,並可隨時取消	便支		
our account under such authorisation for a though the authorisation has not expired of	a continuous period of 30 months, my or there is no expiry date for the auth l為止或直至上列到期日為止 (以兩者中	y/our Bank reserves the righ orisation. □最早的日期為準)。本人(等	t to cancel the direct debit arra) 同意如本人(等) 已設立的直接	e agree that if no transaction is performed o angement without prior notice to me/us, eve 妄付款授權的戶口連續三十個月內未有根據本 。	en		
 I/We agree that any notice of cancellation cancellation/variation is to take effect. 本人(等)同意,本人(等)取消或更改本授 				o working days prior to the date on which s	uch		
7. The Bank may charge an instruction setuy 本人(等)的銀行可根據不時規定之收費	o/amendment fee from my/our accou ,向本人(等)的上述戶口收取設立/更改	nt stated above in accordand 技指示之費用。	ce with the rates as specified	by the Bank from time to time.			
My/Our Bank Account Signature(s) 本人	(等)銀行戶口的簽署						
				4	1 100		
For Bank Use Only Rema	rks			Branch Chop			
銀行專用							
>> APC-NSC				Staff ID			