



回聲谷傷健福音協會有限公司

ECHO VALLEY EVANGELISTIC ASSOCIATION FOR THE HANDICAPS LIMITED

地址：香港九龍旺角廣東道982號嘉富商業中心22樓2-4室

電話：2783-0630 傳真：2781-2870 網址：www.echovalley.org.hk 電郵：info@echovalley.org.hk

[自動轉賬計劃]

我們致力幫助傷健人士融入教會及社會

本人願意每月以【自動轉賬】方式支持 貴會的工作

每月奉獻金額 (港幣) 200 300 500 1000 其他 _____

支持: 經常費 佈道事工 團契事工 網上事工 關懷事工

出版事工 內地事工 研究事工 培訓事工 同工薪酬

姓名(收據抬頭): _____ 稱謂: 牧師/傳道/姑娘/先生/女士/小姐/夫婦/其他 _____

通訊地址: _____

聯絡電話: (手提) _____ (辦公室) _____ (住宅) _____

所屬教會: _____ 電郵地址: _____

~ 為節省行政開支，請改用自動轉賬奉獻，多謝支持 ~

DIRECT DEBIT AUTHORIZATION 直接付款授權書

NOTE: Please complete and return this form to the party to be credited. 注意: 請依次填寫並將此授權書交給收款人之一方。

日期

Date: _____

Name of party to be credited (The Beneficiary) 收款之一方 (受益人) 回聲谷傷健福音協會有限公司 ECHO VALLEY EVANGELISTIC ASSOCIATION FOR THE HANDICAPS LTD.	Bank No. 銀行號碼 0 0 4	Branch No. 分行號碼 4 6 1	My/ Our Account No. 收款賬戶之號碼 2 5 4 9 3 0 0 0 1
---	-------------------------------	---------------------------------	---

- 本人(等)現授權本人(等)的上述銀行，(根據回聲谷傷健福音協會有限公司不時給予本人(等)銀行指示)自本人(等)的戶口內轉賬予回聲谷傷健福音協會有限公司。惟每次轉賬金額不得超過以下指定的限額。I/We hereby authorize my/our below name Bank to effect transfers from my/our account to ECHO VALLEY EVANGELISTIC ASSOCIATION FOR THE HANDICAPS LTD. in accordance with such instruction as my/our Bank may receive from ECHO VALLEY EVANGELISTIC ASSOCIATION FOR THE HANDICAPS LTD. from time to time provided always that the amount of any one such transfer shall not exceed the limited indicated above.
- 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。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.
- 如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加)，本人(等)願共同及個別承擔全部責任。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).
- 本人(等)同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。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.
- 本直接付款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(以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立的直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的紀錄，本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等)，即使本授權書並未到期或未有註明授權到期日。This direct debit authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization.
- 本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天前交予本人(等)的銀行。I/We agree that any notice of cancellation or variation of this authorization 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.

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)的戶口號碼
My/ Our Name(s) as recorded on Statement/ Passbook (Please write in Block Letters 請以英文正楷填寫) 本人(等)在結單/存摺上所紀錄之名稱			Contact Telephone No. 聯絡電話
*Limit for Each Month 每月付款的限額	*Expiry Date 到期日 Day 日 Month 月 Year 年		My/ Our Address as recorded on Statement/ Passbook 本人(等)在結單/存摺上所紀錄之地址
Name of Debtor (if other than Account Holder) 債務人之姓名 (若非戶口持有人) (Please write in Block Letters 請以英文正楷填寫)			*My/ Our Signature(s) 本人(等)的簽署 X

For Official Use Only
此欄不用填寫

Debtor's Reference (For Echo Valley use)
債務人參考 (由本機構填寫)

For Bank Use Only
以下由銀行填寫

Signature Verified

*Notes 附註:

- 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 台端付款的數額每次可能不相同，則請將最高者定為每次付款的最高限額。
- This Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization 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」一欄中所填寫的日期自動撤銷。如 貴戶意欲本直接付款授權書無限期有效(或直至 貴戶予以撤銷為止)，則請將該欄留空。
請保證 貴戶在此授權書內的簽名，與銀行戶口所簽署者完全相同。
- 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.
在「債務人參考」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 Month" is not specified, the debtor's bank will set the limit as "unlimited".
如「每月付款的限額」一欄未有填上，債務銀行會將轉賬限額設定為「不設上限」。