# AUTOPAY FORM

**Please complete and return to:**

Beam International Foundation Limited
19/F, On Loong Commercial Building
276-278 Lockhart Road, Wanchai, Hong Kong

***Thank you for your kind support!***

請填妥表格並寄回：

逸傑國際慈善基金會有限公司
香港灣仔駱克道 276-278 號
安隆商業大廈 19 樓

感謝您的支持！

For enquiries, please call: 2827 8044
如有任何查詢，請致電：2827-8044

2018/11

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

| Date 日期 | day 日 / month 月 / year 年 |
|---|---|
| | |

**Note 注意：**

1. Please tick where applicable. 請在適當的地方加上剔號。
2. For HSBC customers, please return the completed form to the Bank or mail to Automatic Payments Centre, Payment Services at P O Box 72677, Kowloon Central Post Office, Kowloon, Hong Kong. You may also set up the direct debit authorisation through HSBC Internet Banking. For non-HSBC customers, please complete and return this form to your banker. 如屬滙豐客戶，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。如非滙豐客戶，請依次填寫並將此授權書交給貴戶的往來銀行。
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. 在一般情況下，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。

| Name of Party to be Credited *(The Beneficiary)* 收款的一方 *(收款人)* | Bank No. 銀行號碼 | Branch No. 分行號碼 | Account No. 戶口號碼 |
|---|---|---|---|
| **Beam International Foundation Limited** | 0 0 4 | 6 0 0 | 6 5 7 8 2 9 0 0 1 |
| 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 *(in Block Letters)* 本人（等）在結單／存摺上所紀錄的名稱 *(請以英文正楷填寫)*

| Contact Telephone No. 聯絡電話號碼 | Maximum Limit for 最高付款限額<br>*Note 注意： If blank, the debtor's bank will set as "unlimited". 如無填寫，付款銀行會將轉賬限額設定為「不設上限」。*<br>◯ Each Payment 每次 ◯ Each Month 每月 | Expiry Date *(day/month/year)* 到期日 *(日／月／年)*<br>*Note 注意： If blank, this authorisation shall have effect until further notice and Expiry Date should be greater than 3 months. 如無填寫，此直接付款授權書將無限期有效直至另行通知及到期日必須大於三個月。* |
|---|---|---|
| | | |

My/Our Address as recorded on Statement/Passbook 本人（等）在結單／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)*<br>*Note 注意： Please specify if other than Account Holder. 如非戶口持有人，請填寫。* | Debtor Reference *(Compulsory Field)* 付款人編號 *(必填之欄)*<br>*(Reference between yourself and the party to be credited 貴賬戶與收款一方的編號)*<br>(由本會填寫 Filled by BEAM) |
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Declaration *(For HSBC Customer Only)* 聲明 *(只適用於滙豐客戶)*

1. I/We hereby authorise my/our above 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 and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above. 本人（等）現授權本人（等）的上述銀行，（根據收款人或其往來銀行及／或代理行不時給予本人（等）銀行的指示）自本人（等）的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。
2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us. 本人（等）同意本人（等）的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人（等）。
3. 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). 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。
4. 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 which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. 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。
5. This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation 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 authorisation has not expired or there is no expiry date for the authorisation. 本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止（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。
6. 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（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之前交予本人（等）的銀行。

My/Our Bank Account Signature(s) 本人（等）銀行戶口的簽署

X

| For Bank Use Only 銀行專用 | Remarks | Branch Chop |
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