直接付款授權書 DIRECT DEBIT AUTHORISATION

收款之一方（受益人） Name of party to be credited (The Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be credited
THE JUNIOR POLICE OFFICERS ASSN OF THE HKPF	**0 2 4**	**2 8 0**	**4 7 2 0 3 6 0 0 1**

本人／吾等現授權本人／吾等之下述銀行，（根據受益人不時給予本人／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／吾等同意本人／吾等之銀行毋須證實該等轉賬通知是否已交予本人／吾等。

如因該等轉賬而令本人／吾等之賬戶出現透支（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知爲止（以兩者中最早之日期爲準）。

本人／吾等同意，本人／吾等取消或更改本授權書之任何通知，須於取銷／更改生效日最少兩個工作天前交予本人／吾等之銀行。

I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instruction as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any such transfer 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 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.

This authorisation shall have effect until further notice or until the below written expiry date (which 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.

本人／吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人／吾等之賬戶號碼 My/Our Account No.

本人／吾等在結單／存摺上所紀錄之名稱 My/Our Name as recorded on Statement/Passport	本人／吾等在結單／存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook

每次／月付款之限額 Limit for each Payment/ Month	到期日（請參閱下列各點） Expiry Date (See notes below) D D M M Y Y	本人／吾等之簽名 My/Our Signature(s)	日期 Date

債務人之姓名（若非賬戶持有人） Name of Debtor (if other than account holder)	債務之參考（必填之欄－請參閱下列各點） Debtor's Reference (Compulsory Field – See Notes Below)

以下由銀行填寫 **For Bank Use Only**	Signature Verified

附 註 **NOTES:**

1) 如 台端付款之數額每次可能不同，則請將最高者定爲每次付款之最高限額。

2) 本直接付款授權書將於「到期日」一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（或直至 貴戶予以撤銷爲止），則請將該欄留空。

3) 請保證 貴戶在此授權書內之簽名，與銀行賬戶簽者完全相同。

4) 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。

1) 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.

2) 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.

3) Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

4) In the box marled '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.

＊請刪去不適用者 Delete whichever is not appropriate.

填妥本授權書後，請交回 貴戶之往來銀行。

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR BANKER.

＊ 請將填妥之轉賬授權書交回區代表／本會辦事處，以便更新本會之紀錄。

＊ 填妥之轉賬授權書亦可以郵寄方式寄回本會辦事處，地址：

香 港 警 察 隊
員 佐 級 協 會
九龍大坑西街 50 號
石硤尾報案中心一樓 101-104 室