感謝 閣下採用每月自動轉賬捐款支持「福幼基金會」,煩請將以下之<u>授權書填妥後</u>,把<u>正本表格直接寄回本會</u>處理,多謝合作!<u>如有任何塗改</u>,<u>請簽名以示確認</u>。(Only originals are accepted. Any alteration requires signature.)

- 註: i. 每月自動轉賬捐款只適用於儲蓄或往來戶口。如不清楚銀行編號,請由分行編號開始填充。
 - ii. 以下授權書內有2項不用填寫:檔案編號(由本會填寫)、銀行專用欄。
 - iii. 有關善款正式收據將於每個財政年度完結後一個月內一次性發出(按政府財政年度),以便 閣下作除稅 用途。
 - iv. 如 善長芳名與轉賬戶口名稱不一樣,請在捐款表格上註明。

DIRECT DEBIT AUTHORISATION 直接付款授權書

									Date	日期					
Name of F	Party to be Credited (The Beneficiary) 收款之一方(受益人)	Bank No.	银行編號	Branch	No.分行	丁編號	Acc	ount	No. J	長戸號	碼				
CADII	IC FOR CUII DREN FOUNDATION I TRA	0 0) 4	1	3	. 0	2	0	0	Λ.	2	. ^	. ^	. ^	. 1
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My/Our Ba	ank Name and Branch 本人语等之銀行及分行之名稱	Bank No.翁	艮行編號	Branch	No.分名	行編號	My/	Our A	ccoun	t No.則	長戶	號碼			
			1										1	1	
# My/Our N	Name(s)as recorded on Statement/Passbook 本人/吾等在結單/	存摺/戶口」	上登記名	稱						Conta	act Te	el No	聯終	電話	i
11 57															
	Each *Payment /Month + Expiry Date 到期日 My/Our Add 付款之限額 + Day 日 Month 月 Year 年	ress as reco	orded on S	tatement/	Passboo	k本人	吾等不	生結り	乳存4	習上月	斤紀紀	象之 〕	静絡	地址	
# Name of	Debtor (if other than Account Holder) 債務人之姓名(若非賬戶持有	人)		+ My/O	ur Signa	ture(s)	本人	吾等.	之簽	名					
Debtor's Re	eference(compulsory field) 檔案編號(必須之欄)														
For Bank Use Only <i>銀行專用</i>	Remarks								Signa	ture Ve	erified				
VICT J =3-/13															
may receive I/We agree I/We iointly	y authorise my/our below named Bank to effect transfers from my/o e from the beneficiary and /or its banker from time to time provided that my/our Bank shall not be obliged to ascertain whether or not n and severally accept full responsibility for any overdraft (or increas	always that I otice of any	the amoun such trans	t of any or fer has be	ne such en giver	transfer to me/i	shall n ıs. nav ar	ot ex	ceed t	he limi	it indi	cated	l belo	w. er(s).	h trans
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