

Wing Lung Bank Limited 永隆銀行有限公司

Direct Debit Authorization 直接付款授權書

Name of Party to be Credited (the Beneficiary) 收款人(受益人)姓名	Bank Code 銀行編號	Branch Code 分行編號	Account No. to be Credited 收款賬號之號碼
Fr. KELLY EDUCATIONAL FUND LTD.			
Bank Name: WING LUNG BANK LIMITED	0	2	0
	6	0	1
	2	0	6
	-	2	0
	1	3	-
	6		

I/We hereby authorize my/our below-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 from time to time provided always that the amount of any one 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 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.

If the Beneficiary shall inform your Bank any change of the account above mentioned into which the transfers are to be made, your Bank shall be entitled, at your Bank's discretion without consulting me/us either to accept or reject such change.

A five days notice in writing from your Bank not to comply with or act further on this instruction should be given (with a copy being sent to the Beneficiary), provided always that such notice shall deem to be received by me/us if posted to my/our address on your record, its subsequent return undelivered notwithstanding.

This authorization 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 authorization which I/We may give to my/our Bank shall be given at least five working days prior to the date on which such cancellation/variation is to take effect.

本人/吾等現授權本人/吾等之以下銀行，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/吾等願共同及個別承擔全部責任。

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。

若受益人通知貴行更改上述接收轉賬戶，貴行有權根據貴行的決定是否接受，而毋須諮詢本人/吾等之意見。

貴行可以五天書面通知不再履行本指示(該通知副本應同時送受益人)。如該等通知郵寄到本人/吾等在貴行記錄之地址，即使郵遞延誤或退回，本人/吾等當作已收到。

本授權書將繼續生效至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。

本人/吾等同意，本人/吾等若取消或更改本授權書之任何通知，須於取消/更改生效日最少五個工作日之前交予本人/吾等之銀行。

My/Our Bank Name and Branch 本人/吾等之銀行及分行名稱	Bank Code 銀行編號	Branch Code 分行編號	My/Our Account No. 本人/吾等之賬戶號碼
My/Our Name as Recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱	My/Our Signature(s)* 本人/吾等之簽名		
Limit/Amount for Each Payment 每次付款之金額/限額			
Day Time Contact Telephone No. 日間聯絡電話	Expiry Date (optional)** 到期日(可留空)	Date 日期	
	年 月 日	年 月 日	
Debtor's Reference 債務人參考編號			
For Bank Use Only 以下由銀行填寫			
Signature Verified 簽署核實	Remarks (if any) 其他備註		

Notes:

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

** You may cancel this authorization any time by instructing your own bank with a 5-working-day notice.