

CBN 「拍住撐」計劃參加表格

請寄 葵興青山公路 403 號匯城集團大廈 7C 或 傳真 2529 0014 收

姓名(中文)： (英文)：	生日日期 (dd / mm)：
電郵：	聯絡電話：
郵寄地址：	

本人願意奉獻支持 HK\$ _____ 或 以下計劃：

- HK\$600 (\$50X12 期) HK\$1,200 (\$100X12 期)
 HK\$2,400 (\$200X12 期) HK\$6,000 (\$500X12 期) HK\$12,000 (\$1,000X12 期)

- 奉獻方法 1.： 劃線支票 / 銀行本票一次過奉獻 (12 期總金額)，抬頭為 "CBN Hong Kong Limited"
- 2.： PPS 繳費靈一次過奉獻 (12 期總金額)，商戶編號「9472」，參考編號_____。
- 3.： 銀行每月分期自動轉帳，請填妥下列【直接付款授權書】。請將【正本】寄回 CBN

DIRECT DEBIT AUTHORISATION 直接付款授權書						DATE 日期：															
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. to be credited 戶口號碼											
CBN Hong Kong Limited						0	0	4	8	0	8	0	2	5	2	2	5	0	0	1	
1. 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 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 below. 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/或代理人不時給予本人(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下的限額。 2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人(等)同意本人(等)的銀行無須證實等轉賬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 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 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無須另行通知本人(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 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. 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 Name and Branch 本人(等)的銀行及分行的(英文)名稱						Bank No. 銀行號碼		Branch No. 分行號碼		Account No. to be credited 戶口號碼											
My / Our Name as recorded on Statement / Passbook 本人(等)在結單 / 存摺上所紀錄的(英文)名稱						Contact Telephone No. 聯絡電話號碼															
My / Our Address as recorded on Statement / Passbook 本人(等)在結單 / 存摺上所紀錄之(英文)地址						Expiry Date (D/M/Y) 到期日(日/月/年)															
Limit for each Monthly Payment 每月付款限額						Debtor Reference (Compulsory Field) 付款人編號(必須填)						My / Our Signature(s) 本人(等)簽署									
						可填寫聯絡電話號碼															
For Bank Use Only 銀行專用						Remarks						Branch Chop									
												X									

- 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. 如合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. 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。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請保留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 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「付款人編號」欄內，請將貴戶與收款人的關係略予說明，例如學生編號、抵押合約號碼等。
- If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited". 如「每次/月付款的限額」一欄未有填上，付款銀行會將轉賬限額設定為「不設上限」。

Your Direct Debit Authorization 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