



香港消防處

救護員會

H.K. FIRE SERVICES DEPARTMENT
AMBULANCEMEN'S UNION

(會費自動轉賬授權書)

DIRECT DEBIT AUTHORISATION 直接付款授權書

NOTE: Please complete and return this form to your banker. 注意: 請依次填寫並將此授權書交給 貴戶之往來銀行。

Name of Party to be Credited (The Beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼
HONG KONG FIRE SERVICES DEPARTMENT AMBULANCEMEN'S UNION	0 0 4	1 6 8	0 0 2 7 8 0 0 0 1

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 instructions as my/our Bank may receive from the beneficiary and/or its banker 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 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 expiry date written below (whichever 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/吾等現授權本人/吾等之下述銀行, 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, 吾等願共同及各別, 銀行名稱, 銀行編號(參考備註), 銀行戶口號碼, 銀行戶口持有人, 英文全名, 一星期

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱		Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人/吾等之賬戶號碼
Bank of China (HK) Ltd		0 1 2	8 8	1 0 0 0 1 2 3 4 5
#My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱		Contact Tel No. 聯絡電話號碼		
CHAN TAI MAN				
†Limit for Each *Payment/Month 每次/月付款之限額	†Expiry Date 到期日	My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址		銀行戶口持有人
\$ 300.00	Day 日 Month 月 Year 年	銀行戶口持有人地址		聯絡電話
#Name of Debtor (if other than Account Holder) 債務人之姓名 (若非賬戶持有人)		†My/Our Signature(s) 本人/吾等之簽名		
		戶口持有人簽署		
†Debtor's Reference (Compulsory Field) 債務人參考 (必須之欄)				
救護員編號		12345		
For Bank Use Only 銀行專用	Remarks	Signature Verified		

*Please delete whichever is not appropriate. 請刪去不適用者。

#Please write in block letters. 請以英文正楷填寫。

請以英文正楷填寫

†NOTES RE: . . .

備註: 各銀行編號

003 渣打銀行
012 中國銀行
018 中信嘉華銀行
024 恆生銀行
028 大眾銀行 (香港)
032 星展銀行
039 集友銀行
052 海外信託銀行
109 瑞穗實業銀行

004 匯豐銀行
014 中國銀行
019 中國銀行
025 上海商業銀行
029 華比富通銀行
033 中國銀行
040 大新銀行
064 中國銀行
128 富邦銀行

006 花旗銀行
015 東亞銀行
020 永隆銀行
026 中國銀行
030 中國銀行
035 永亨銀行
041 廖創興銀行
070 中國銀行
250 花旗銀行

009 中國建設銀行
016 星展銀行
021 豐明銀行
027 交通銀行
031 中國銀行
036 中國銀行
043 南洋商業銀行
072 中國工商銀行