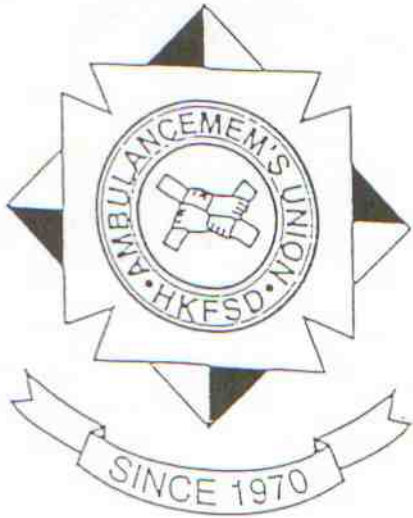


備註：各銀行編號

003 渣打銀行	004 匯豐銀行	006 花旗銀行	009 中國建設銀行
012 中國銀行	014 中國銀行	015 東亞銀行	016 星展銀行
018 中信嘉華銀行	019 中國銀行	020 永隆銀行	021 豐明銀行
024 恆生銀行	025 上海商業銀行	026 中國銀行	027 交通銀行
028 大眾銀行(香港)	029 華比富通銀行	030 中國銀行	031 中國銀行
032 星展銀行	033 中國銀行	035 永亨銀行	036 中國銀行
039 集友銀行	040 大新銀行	041 廖創興銀行	043 南洋商業銀行
052 海外信託銀行	064 中國銀行	070 中國銀行	072 中國工商銀行
109 瑞穗實業銀行	128 富邦銀行	250 花旗銀行	



# 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	002780001

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 **銀行名稱** 行不時給予本人/吾等之往來銀行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/吾等之銀行毋須向本人/吾等。 **銀行編號(參考備註)** 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。如可轉賬之金額在本人/吾等之銀行戶出現透支(或待現時之透支增加),本人/吾等願共同及各別承擔全部責任。 **銀行戶口號碼** 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。 **銀行戶口持有人英文全名** 為止或截止下列到期日為止(以兩者中最早之日期為準)。 **銀行戶口持有人地址** 或更改本授權書之任何通知,須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。 **銀行戶口持有人聯絡電話**

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱 <b>Bank of China (HK) Ltd</b>		Bank No. 銀行編號 <b>012881</b>	Branch No. 分行編號 <b>0001</b>	My/Our Account No. 本人/吾等之賬戶號碼 <b>12345</b>
#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 <b>CHAN TAI MAN</b>		Contact Tel. No. 聯絡電話號碼		
†Limit for Each *Payment/Month 每次/月付款之限額 <b>\$300.00</b>	†Expiry Date 到期日 Day 日 Month 月 Year 年	My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址 <b>陳大文</b>		
#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 <b>陳大文</b>		
†Debtor's Reference (Compulsory Field) 債務人參考(必須之欄) <b>救護員編號 12345</b>		Signature Verified		
For Bank Use Only 銀行專用	Remarks			

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

請以英文正楷填寫

NOTES 注意:

- 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 各筆付款之數額每次可能不相同,則請將最高者定為每次付款之最高限額。
- 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.  
本直接付款授權書將於「到期日」一欄中所填寫之日期自動逾期。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. 請保證 貴戶在此授權書內之簽名,與銀行賬戶所簽署者完全相同。