

Name of Party to be Credited (The Beneficiary) 收款方〔受益人〕	Bank No. 銀行編號	Branch No. 分行編號	Account No to be credited 收款賬戶號碼
INTERGLOW ASSOCIATION LIMITED	003	447	1 6 6 1 8 1 4 4

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 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 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〔等〕/本公司現授權本人〔等〕/本公司之下述銀行，〔根據受益人不時給予本人〔等〕/本公司之銀行之指示〕自本人〔等〕/本公司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限額。

本人〔等〕/本公司同意本人〔等〕/本公司之銀行毋須證實該等轉賬通知是否已交予本人〔等〕/本公司。

如因該等轉賬而令本人〔等〕/本公司之賬戶出現透支〔或令現時之透支增加〕，本人〔等〕/本公司願共同及各別承擔全部責任。

本人〔等〕/本公司同意如本人〔等〕/本公司之賬戶並無足夠款項支付該等授權轉賬，本人〔等〕/本公司之銀行有權不予轉賬，而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。

本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〔以兩者中最早之日期為準〕。

本人〔等〕/本公司同意，本人〔等〕/本公司取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人〔等〕/本公司之銀行。

My/ Our Bank Name and Branch 本人〔等〕/本公司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〔等〕/本公司之賬戶號碼
My/ Our Name as recorded on 本人〔等〕/本公司在結單/存摺上所記錄之名稱	My/ Our Address as recorded on Statement/Passbook 本人〔等〕/本公司在結單/存摺上所記錄之地址		
Limited for Each Month 每月捐款的限額			
My/ Our Signature(s) 本人〔等〕/本公司之簽名	Expiry Date (See Note) 到期日〔參閱附註〕		Signature Verified (By Bank)

Notes 附註：

1. 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. 如台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的最高限額。本直接付款授權書將於『到期日』欄中所填寫之日期自動取消。
2. This Direct Debit Authorisation will be cancelled automatically on the date indicated in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely until further notice, please leave the box blank. 如 貴戶欲想本授權書持續有效直至另行通知為止，請留空不填此欄。
3. 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，與銀行賬戶所簽者完全相同。

銀行專用 For Bank Use Only : 授權號碼 Code : _____ 日期 Date : _____	由本會填寫 For InterGlow Association Ltd. Use Only : 債務人參考 Debtor's Reference : _____ 日期 Date : _____
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