脊髓肌肉萎縮症慈善基金
Families of SMA Charitable Trust
每月捐款 Monthly Donation

DIRECT DEBIT AUTHORISATION(Generic Set-up)
直接付款授權書

Date 日期 D D M M Y Y Y Y

Note 注意：1. Please tick where applicable. 請在適當的地方加上剔號。

2. Please return the completed form to the Bank or mail to Automatic Payments Centre, Payment Services at PO Box 72677, Kowloon Central Post Office, Kowloon, Hong Kong. You may also set up the direct debit authorisation through HSBC Internet Banking.
請將已填妥的表格交回本行或寄回九龍中央郵政局郵政信箱72677號匯款服務自動轉賬中心。您亦可透過滙豐網上理財設立直接付款授權。

3. Your Direct Debit Authorisation 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。

4. Please refer to the bank tariff guide for details of the charges. 收費之詳情請參閱銀行服務費用簡介。

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. 戶口號碼
FAMILIES OF S M A CHARITABLE TRUST	0 0 4	5 0 0	1 5 6 4 1 9 0 0 1
My/Our Bank Name and Branch 本人(等)的銀行及分行的名稱	Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No.本人(等)的戶口號碼

My/Our Name(s) as recorded on Statement/Passbook (in Block Letters) 本人（等）在結單／ 存摺上所紀錄的名稱（請以英文正楷填寫）

Contact Telephone No. 聯絡電話號碼

Maximum Limit 最高付款限額
Note: If blank, the debtor's bank will set as "unlimited".
注意: 如無填寫，付款銀行會將轉賬限額設定為「不設上限」。
☐ Unlimited 不設上限
☐ Each Payment 每次 ☐ Each Month 每月
HKD 港元

Expiry Date (day/month/year) 到期日（日／ 月／ 年）
Note 注意: If blank, this authorisation shall have effect until further notice and Expiry Date should be greater than 3 months.
如無填寫，此直接付款授權書將無限期有效直至另行通知及到期日必須大於三個月
D D M M Y Y Y Y

My/Our Address as recorded on Statement/Passbook 本人(等)在結單／ 存摺上所紀錄的地址

Debtor Name (in Block Letters) 付款人名稱（請以英文正楷填寫）
Note 注意: Please specify if other than Account Holder. 如非戶口持有人，請填寫。

Debtor Reference (Compulsory Field) 付款人編號（必填之欄）
(Reference between yourself and the party to be credited 貴賬戶與收款一方的編號)

Declaration 聲明

1. I/We hereby authorise my/our above 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 the transfer shall not exceed the maximum limit indicated above. For HSBC business account holders, the amount of the transfer shall not exceed (a) the maximum limit indicated above or (b) any applicable signing limit of the account signatory(ies) of the relevant business account, whichever is lower. 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／ 或代理行不時給予本人（等）銀行的指示）自本人（等）的戶口內轉賬予上述收款人。惟轉賬金額不得超過以上指定的最高付款限額。滙豐企業客戶的轉賬金額不得超過(a)以上指定的最高付款限額，或(b)企業客戶授權人的簽名權限，以低者為準。
2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us.
本人（等）同意本人（等）的銀行毋須證實該等轉賬通知或沖銷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 understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice.
本人（等）明白本人（等）須在指定的轉賬日期 [即根據本人（等）的銀行從收款人或其往來銀行及／ 或代理行不時收到的指示] 前一個營業日（分行辦公時間內），在戶口內備有足夠款項以便支付該等授權轉賬。本人（等）並同意如本人（等）的戶口並無足夠款項支付該等授權轉賬，本人（等）的銀行有絕對酌情權不予轉賬，且本人（等）的銀行可收取慣常的收費，並可隨時取消該等授權轉賬且毋須通知本人（等）。為避免疑問，本人（等）的銀行可隨時自行決定取消該等授權轉賬且毋須通知本人（等）。
5. This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation 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 authorisation has not expired or there is no expiry date for the authorisation.
本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止（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毋須另行通知本人（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 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）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。
7. The Bank may charge an instruction setup/amendment fee from my/our account stated above in accordance with the rates as specified by the Bank from time to time.
本人（等）的銀行可根據不時規定之收費，向本人(等)的上述戶口收取設立/更改指示之費用。

My/Our Bank Account Signature(s) 本人（等）銀行戶口的簽署

For Bank Use Only 銀行專用	Remarks	Branch Chop

APC126R21-m FW(211119)

>> APC-NSC
The Hongkong and Shanghai Banking Corporation Limited
香港上海滙豐銀行有限公司

Staff ID

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Validate

Please return the completed form to Families of SMA Charitable Trust by mail

請填妥表格並寄回脊髓肌肉萎縮症慈善基金

Room 1402, 14/F, SUP Tower, 83 King's Road, North Point, Hong Kong

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