

I would like to donate

Monthly HK\$ _____ (for _____ years / until further notice)

- General Funds: HK\$ _____ Mission Expenses: HK\$ _____
Salary of Faculty staff (name _____): HK\$ _____
Student financial assistance (name _____): HK\$ _____
Mortgages of campus: HK\$ _____ Others (_____): HK\$ _____

Please send me monthly receipt by mail Email

Personal Particulars

Name on Receipt (Mr./Ms/Miss/Church/Organization): _____

Church Affiliation: _____ Email: _____

Address: _____

Day time Tel: _____ Mobile: _____

- Donations are tax-deductible with official receipts.
Data collected will be treated strictly confidential and for corresponding with you only. If you don't want to receive any correspondences from CMS, please make an "X" into this box. []

Chinese Mission Seminary

Telephone: (852) 5802 5300 Fax: (852) 3117 6043 Address: 130. Hung Uk, Yuen Long, N.T., Hong Kong

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。

Date 日期 _____

Table with 4 columns: Name of Party to be Credited, Bank No., Branch No., Account No. Values: CHINESE MISSION SEMINARY LIMITED, 0 0 4, 1 0 6, 0 8 1 7 8 9 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, (根據受益人或其往來銀行不時給予本人/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制。本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支 (或令現時之透支增加), 本人/吾等願共同及各別承擔全部責任。

本人/吾等同意如本人/吾等之賬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。

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/吾等同意, 本人/吾等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日之前交予本人/吾等之銀行。

Main authorization form with fields for Bank Name, Account No., Expiry Date, Address, Debtor Name, Signature, and Remarks.

*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。

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.
2. This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date".
3. Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
4. In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.