

DIRECT DEBIT AUTHORISATION 直接付款授權書

Date 日期	day 日 / month 月 / year 年

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

Name of Party to be Credited (<i>The Beneficiary</i>) 收款的一方 (收款人) FRENCH INTERNATIONAL SCHOOL "VICTOR SEGALEN" ASSOCIATION LTD	Bank No. 銀行號碼 0 0 4	Branch No. 分行號碼 8 0 8	Account No. 戶口號碼 3 1 0 1 1 4 2 9 2
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- 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 and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. 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。惟每次轉賬金額不得超過以下指定的限額。
- 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. 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。
- 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。
- 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. 本人(等)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)的銀行有權不予轉賬, 且銀行可收取慣常的收費, 並可隨時以一星期書面通知取消本授權書。
- This direct debit authorisation shall have effect until further notice or until the expiry date written below (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下列到期日為止(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書而作出過賬的紀錄, 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。
- 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日之前交予本人(等)的銀行。

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 # 本人(等)在結單/存摺上所紀錄的名稱				Contact Telephone No. 聯絡電話號碼
+ Limit for Each Payment / * Month * 每次/月付款的+ 限額	+ Expiry Date (day/month/year) + 到期日(日/月/年)	My/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的地址		
# Name of Debtor (if other than Account Holder) # 付款人名稱 (若非戶口持有人)		+ My/Our Signature(s) + 本人(等)的簽字		
+ Debtor Reference (Compulsory Field) + 付款人編號 (必填之欄)		X		
For Bank Use Only 銀行專用	Remarks			Branch Chop

*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:
- 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。
 - 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」一欄中所填寫的日期自動撤銷。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的簽名, 與銀行戶口所簽者完全相同。
 - In the box marked "Debtor Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc. 在「付款人編號」欄內, 請將貴戶與收款一方的關係, 略予說明, 例如學生編號、抵押合約號碼等。
 - If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited". 如「每次/月付款的限額」一欄未有填上, 付款銀行會將轉賬限額設定為「不设上限」。
 - For HSBC customers, please return the completed form to the Bank or mail to Automatic Payments Centre, Payment Services at P O Box 72677, Kowloon Central Post Office, Kowloon, Hong Kong. You may also set up the direct debit authorisation through HSBC Internet Banking. 如屬滙豐客戶, 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。
 - 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。

APC128R14-m (18/1007) FI

How to fill in the Direct Debit Authorisation Form

- Should there be any correction on the form, please cross it out and initial beside it. Do not overwrite or use correction fluid.

- Please fill the form in English and in block letters.

- Please return the completed form to:

Accounting Department
French International School
165 Blue Pool Road,
Happy Valley,
Hong Kong.

- The school will send your form to the bank to process (about 4 weeks).

DIRECT DEBIT AUTHORISATION 直接付款授權書

Note 注意: Please complete and return this form to your banker.
請將此填寫妥當後交與貴戶的往來銀行。

Date 日期	day 日 / month 月 / year 年
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Name of Party to be Credited (The Beneficiary) 收款的一方 (收款人) FRENCH INTERNATIONAL SCHOOL "VICTOR SEGALEN" ASSOCIATION LTD	Bank No. 銀行號碼 0 0 4	Branch No. 分行號碼 8 0 8	Account No. 戶口號碼 3 1 0 1 1 4 2 9 2
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2. 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. 本人(等)同意本人(等)的銀行毋須證實或判斷該款項是否已交予本人(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). 如過賬等項而令本人(等)的戶口出現透支(或令現有的透支增加), 本人(等)概共同及個別承擔全部責任。
4. 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. 本人(等)同意如本人(等)的戶口並無足夠款項支付該等授權, 本人(等)的銀行有權不予匯款, 且銀行可收取慣常的收費, 並可隨時以一周書面通知取消本授權書。
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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英文字本人(等)的銀行。

My/Our Bank Name and Branch 本人(等)的銀行及分行的名稱 1	Bank No. 銀行號碼 2	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 # 本人(等)在結單/存摺上所記錄的名稱 3			Contact Telephone No. 印電電話號碼 4
* Limit for Each Payment / * Month * 每次/月付款的* 限額 5	* Expiry Date (day/month/year) * 到期日 (日/月/年) 6	My/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺上所印的地址 7	
# Name of Debtor (if other than Account Holder) # 付款人名稱 (若非戶口持有人) 8		# My/Our Signature(s) * 本人(等)的簽名 10	
* Debtor Reference (Compulsory Field) * 付款人編號 (必須之項) 9		X	
Remarks For Bank Use Only 銀行專用			Branch Chop

*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. 如每筆付款的金額或可不同, 則請將最高者定為每次付款的限額。
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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的簽名, 與銀行戶口所簽署者完全相同。
4. In the box marked "Debtor Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc. 在「付款人編號」欄內, 請將貴戶與受款一方的關係, 給予說明, 例如學生編號、抵押合約的號碼等。
5. If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited". 如「每次/月付款的限額」一欄未有填寫, 付款銀行自將判斷限額設定為「不设上限」。
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7. 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書的設立申請後四個工作天內(不包括星期六、日及公眾假期)處理您的申請。

>> APC-NSC

- 1) Bank name and Branch
- 2) Bank No., branch No. and account No.
- 3) Name of account holder as known by your bank
- 4) Home/mobile phone number
- 5) Limit for each payment: **please do not fill**. If payment exceed the limit set, you will have to fill in another form to amend it.
- 6) Expiry date: **please do not fill**
- 7) Address: as known by your bank
- 8) Debtor name: your name as known by FIS if different from name in 3
- 9) Debtor reference: your FIS Account No. If you are unsure of what it is, **please leave it blank**.
- 10) Signature: your bank signature