

我 / 我們願意參與每月捐款計劃，支持**關注婦女性暴力協會 & ANTI480 反性暴力資源中心**的工作。
I / We would like to make a regular monthly donation to support **ACSVAW & ANTI480**.

收款之一方(收款人) Name of party to be credited (The Beneficiary)		關注婦女性暴力協會 ASSOCIATION CONCERNING SEXUAL VIOLENCE AGAINST WOMEN	
銀行編號 Bank No. 024	分行編號 Branch No. 244	收款賬戶之號碼 Account No. to be credited 341525-883	
本人(等)之銀行及分行名稱 My/Our Bank Name and Branch :			
銀行編號 Bank No.	分行編號 Branch No.	本人(等)賬戶之號碼 My/Our Account No.	
本人(等)在月結單/存摺上所紀錄之名稱 Name as recorded on statement / passbook		本人(等)留存銀行之戶口簽署之式樣 My/Our Signature(s) as filed with the Bank	
到期日 (日/月/年) Expiry Date (DD/MM/YYYY)		每月限額(港幣) Limit For Each Month (HK\$)	

以下由本會及銀行填寫 For Official Use Only

債務人參考 Debtor's Reference (捐助人 Donor's Ref.)	銀行專用 For Bank Use Only	Signature Verified
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本人(等)現授權上述銀行，(根據收款人不時給予該銀行之指示自本人(等)之賬戶內轉賬予上述收款人。但每次轉賬金額不得超過以上指定之限額。本人(等)同意該銀行毋須證實該等轉賬通知是否已通知本人(等)。如因該等轉賬而令本人(等)之賬戶出現透支(或令現時之透支增加)，本人(等)會共同及個別承擔全部責任。本人(等)同意如本人(等)之賬戶並無足夠款項支付有關轉賬，該銀行有權不予辦理且可收有關之手續費用，該等費用一概由本人(等)支付。本人(等)同意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該銀行。本直接付款授權書將繼續生效直至另行通知為止或至上列到期日為止(以兩者中最早日期為準)。

附註: 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如閣下欲此授權書無限期有效，(或閣下予以撤銷為止)，則請將該欄留空。但該銀行將不受此限，並可將超過兩年未有任何過賬記錄之直接付款授權宣告失效，及可刪除該授權記錄而毋須另行通知。

I/we hereby authorise my/our above named Bank to effect transfers from my/our above-mentioned account to that of the above-named Beneficiary in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time, provided always that the amount of any on such transfer shall not exceed the limit indicated above. 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 my/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 above-mentioned account to meet any transfer hereby authorized, my/our Bank shall be entitled, at its discretion, not to effect such transfer in which even the Bank may make the usual charge to be paid by me/us. 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. This authorization shall have effect until further notice or until the expiry date written above (whichever shall first occur).

Note: 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 this box blank. If there is no transaction being recorded under this Direct Debit Authorisation without giving any notice.

聯絡人資料 CONTACT INFORMATION

姓名 Name	電話 Telephone
地址 Address	
電郵 Email	職業 Occupation

您所提供的資料將保密處理，只用作捐款處理、寄發收據及有關捐款通訊用途。

The personal data collected will be treated as strictly confidential and will be used by RainLily for the purposes of donation administration, receipt issuance and related communications.

若您不願意收到上述資訊及資料，請在方格上加上剔號。 If you would not like to receive such materials or communications, please tick the box.

請將表格正本寄回 **九龍中央郵政局郵政信箱 74120 號**

PLEASE MAIL THE ORIGINAL FORM TO **P.O. BOX 74120, KOWLOON CENTRAL POST OFFICE, KOWLOON**

查詢 ENQUIRY: 2392 2569 / ENQUIRY@RAINLILY.ORG.HK

如欲以信用卡捐款，或了解其他捐款方法，請瀏覽：
For Credit Card and other donation methods, please visit:

RAINLILY.ORG.HK/SUPPORT