

**DIRECT DEBIT AUTHORIZATION 直接付款授權書**

To: OCBC Wing Hang Bank Limited

- Until further written notice, I / we hereby authorize OCBC WING HANK BANK LIMITED (hereinafter referred as "the Bank") to effect transfers from my / our account(s) as instructed.
- I / We agree that the Bank will not be obliged to ascertain whether or not notice of debit has been given to me / us.
- I / We jointly and severally accept full responsibilities for any overdraft (or increase in existing overdraft) on my / our bank account which may arise as a result of any such debit(s).
- I / We understand that the Bank will not be liable for any responsibilities due to debit(s) to my / our bank account is dishonoured.
- I / We agree that any notice of cancellation or change of this authorization should be given to Orbis Macau at least one week prior to the date on which the debit(s) is made to my / our bank account.
- I / We agree that if the transfers are unable to be effected:
  - If the bank has been informed by Orbis Macau for cancellation of such credit (if applicable); or
  - If there is no transfer effected in my / our said account for a period of twelve months.
 The Bank may at its own discretion case to comply with the instructions of this authorization without prior notice to me / us.
- I / We agree that this authorization will be automatically invalid if the settlement account has been closed.
- I / We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorized, the Bank has the right not to effect such transfer and is entitled to charge as usual. The Bank may cancel this authorization at any time on one week's written notice.
- I / We agree that the Bank has the right to levy a service charge for this transfer and such charge will be debited from my / our bank account.
- I / We agree that if this authorization form is not directly sent to my / our Bank, I / We agree to take all the legal or / and economical responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances my / our Bank shall be responsible.

致：華僑永亨銀行股份有限公司

- 直至另行通知為止，本人(等)茲授權華僑永亨銀行股份有限公司(以下簡稱「貴行」)由本人(等)在貴行開立之賬戶內轉賬予所指示之收款賬戶。
- 本人(等)同意 貴行無義務確定該等支款通知是否已交予本人(等)。
- 本人(等)願共同及各別承擔因該等支款而令本人(等)之銀行賬戶出現透支(或令現時透支增加)之全部責任。
- 本人(等)明瞭如該等支款未能自本人(等)之銀行賬戶內支付，一切責任概與 貴行無涉。
- 本人(等)同意任何取消或更改本授權書之通知，須於該等支款進行日期前不少於一星期送予澳門奧比斯。
- 本人(等)同意如本人(等)之賬戶：
  - 如 貴行接獲澳門奧比斯取銷該收款通知(如適用)；或
  - 連續一年未有發生有關之轉賬交易
 則 貴行可有權不經通知而撤銷此項授權。
- 本人(等)同意如該支取賬款戶已銷戶，本授權書則自動失效。
- 本人(等)同意如本人(等)之賬戶並無足夠款項支付該等授權轉賬，貴行有權不予轉賬，且 貴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。
- 本人(等)同意 貴行有權就此項支款轉賬收取費用，並同意該等費用可由本人(等)之銀行賬戶內支付。
- 本人(等)同意如由於本授權書並非直接交予本人(等)之銀行以致本授權書上所載之資料披露予第三者，知悉由此引起之任何法律或其他經濟責任由本人(等)承擔概與本人(等)之銀行無涉。

捐款者個人資料 DONOR'S PERSONAL DATA	
<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 女士 Ms. <input type="checkbox"/> 小朋友 Kid (年齡 Age: _____)	
英文姓名 (請在姓氏下劃線) English Name (Please underline surname)	
中文姓名 Chinese Name	
澳門居民身份證編號 Macau BIR No. (只用作避免捐款者記錄重複) (To avoid donor record duplication only)	
日間聯絡電話 Daytime Tel No.	出生日期 Date of Birth 日/月/年 DD/MM/YYYY
通訊地址 (請盡量以英文填寫) Postal Address (Please fill in English)	
電郵地址 Email Address	
通訊語言選擇 Preferred Language for All Communication <input type="checkbox"/> 中文 Chinese <input type="checkbox"/> 英文 English	

直接付款授權書 DIRECT DEBIT AUTHORIZATION FORM
收款賬戶名稱 Name of Account to be Credited <b>澳門奧比斯 Orbis Macau</b>
賬戶持有之英 / 葡文姓名 Customer Name in English / Portuguese
賬戶持有之中文姓名 Customer Name in Chinese
授權自動轉賬之賬戶號碼 Autopay Account Number <b>5830-</b> _____
銀行賬戶持有人簽署 Signature(s) of Bank Account Holder(s) _____ 日期 Date: _____
(簽名須與留存銀行之印鑑相同，如有塗改請在旁簽署。Please ensure that you sign the form the same way that you would sign your bank account and sign against any alteration you make on this form)

捐款金額 DONATION AMOUNT
本人願意 每月 經銀行戶口自動轉賬定期捐助奧比斯 I would like to donate on a <b>monthly basis</b> via my bank account:
澳門幣 <input type="checkbox"/> MOP150 <input type="checkbox"/> MOP250 <input type="checkbox"/> MOP500 <input type="checkbox"/> MOP1,000 <input type="checkbox"/> 其他金額 (多少無拘) Any amount will help MOP _____
請選擇其中一項 (未有選擇者將成為奧比斯之友) Please tick either one (will be considered as Orbis Friend if both are not checked):
<input type="checkbox"/> 成為「奧比斯之友」，支持奧比斯全球救盲工作。 Be an Orbis Friend and support Orbis's sight-saving programmes worldwide.
<input type="checkbox"/> 成為「奧比斯童望之友」，支持奧比斯全球防治兒童失明工作。 Be an Orbis Kids Sight Friend and support Orbis's pediatric sight-saving programmes worldwide.

<input type="checkbox"/> 請寄回收據 Please send me a receipt. 如收據抬頭非捐款者本人，請以英文列明：_____ 若捐款者姓名及地址欠奉，恕未能發收據。 If the recipient's name differs from the donor, please specify. No receipt will be issued if either donor's name or address is not provided. 每月捐款正式收據將於每年四月寄奉。An annual receipt will be issued in April.
<input type="checkbox"/> 為幫助節省行政開支，本人不需要收據。 To help save administrative costs, please do not send me a receipt.

由本會填寫 (檔案編號) For Orbis use (Debtor's reference)
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銀行專用 FOR BANK USE ONLY				
SIGNATURE VERIFIED	PREPARED	APPROVED	ENTERED	CHECKED

請選擇其中一項 PLEASE TICK ONE
<input type="checkbox"/> 新申請 New Authorization <input type="checkbox"/> 更改資料 Amendment
請將填妥之表格正本寄回澳門郵政信箱 478 號「澳門奧比斯」收。 所有資料只會作為發收據及募捐用途。我們可能將有關資料提供予第三者服務供應人進行以上有關運作，但所有資料均絕對保密。如不希望收到奧比斯的資訊，敬請以郵寄、電話、電郵、傳真或親身聯絡澳門奧比斯。 Please send the completed original form to Orbis Macau, P.O. Box 478, Macau. All information will be used for receipting and fundraising purposes only. We may furnish your data on a strictly confidential basis to third party, who provide services to us in relation thereto. If you do not wish to receive any further mailings from Orbis, please contact Orbis Macau.

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Campaign Code	Handled by / on	Verified	
Start Date			
Last Value Date			
Close Reason			

注意 Note: 銀行戶口轉賬批核需時約六個星期。It may take up to six weeks for the bank to process your autopay application.

澳門奧比斯 Orbis Macau 查詢 Tel : 2830 0787    網址 Website : www.orbis.org
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Date Received	Approval Date
DDA To Bank	Submitted to DS