



每月定額奉獻表格 Monthly Donation Autopay Form

姓名(Name) : Rev./Mr./Ms. _____ 牧師/先生/小姐

校友(Alumni) 禱伴(Prayer Partner) 院訊讀者(News Reader)

願意每月付上_____幣_____元作奉獻。I would like to donate \$ _____ monthly.

經常費 General Fund 院舍發展基金 Campus Development Fund

儲備師資 Faculty in Preparation 圖書館基金 Library Fund

鮑會園牧師教席 Rev. Pao's Chair 其他 Others _____

請填寫授權書，如資料無誤，奉獻將於授權書寄出後一個月生效。

Tel:2337 0111 Fax:2337 0955 E-mail:admoff@evs.edu.hk Website: <http://www.evs.edu.hk>

Direct Debit Authorization 自動轉賬授權書 (please send back the original 請寄回正本)

I/We hereby authorize my bank to debit my/our bank account to make a monthly donation of HK\$_____ to Evangel Seminary.
本人(等)現授權銀行於本人(等)銀行賬戶內支付港幣_____元作為「播道神學院」的每月捐款。

Name of Party to be Credited (The Beneficiary) 收款之一方(受益人) THE ASSOCIATION OF EVANGELICAL FREE CHURCHES OF HK – EVANGEL SEMINARY	Bank No. 銀行編號 025	Branch No. 分行編號 337	Account No. to be credited 收款賬戶之號碼 14-22259-6
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Until further notice, I/we hereby authorize Evangel Seminary to initiate the Bank named below to process debits from my/our account not-withstanding that to do so may result in an overdraft (or an increase in existing overdraft) on my/our account and provided further that the amount of each such transfer shall not exceed the limit indicated below. Should there be insufficient funds in my/our account to meet any transfer hereby authorized, 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 authorization at any time on one week's written notice. I/We agree that any notice of cancellation or variation of this authorization 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 or variation is to take effect. 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.

直至另行通告為止，本人/吾等茲授權 播道神學院 及下述銀行，由本人/吾等之銀行賬戶內支付下述授權書內指定的捐款額，惟每次轉賬不得超過以下指定之限額。如因支付後，引致本人/吾等賬戶透支，或增加透支金額，亦請照付。但銀行方面，則可因本人/吾等之存款不足而拒予撥付，亦可因轉賬銀碼與下述銀碼不符時，拒絕撥付。且銀行可收取慣常之收費，亦可隨時以一星期書面通知取消本授權書。本人/吾等同意取消或更改本授權書之任何通知須於取消或更改生效日最少兩個工作天之前交與本人/吾等之銀行。本人/吾等同意本人/吾等之銀行無須證實該等轉賬通知是否已交付本人/吾等。

PLEASE PRINT 為方便電腦處理，以下資料請以英文正楷填寫

My / Our Full Name (s) 本人/吾等之名稱 Mr / Miss / Mrs 先生/小姐/太太 Surname 姓 _____ First Name(s) 名 _____ 中文姓名 _____	Bank No. 銀行編號 _____ Branch No. 分行編號 _____ Account No. 本人/吾等之賬戶編號 _____
Bank Name 銀行名稱 _____ Branch Name 分行名稱 _____	My / Our Full Address 本人/吾等之地址 _____ _____ _____
Limit for each payment / Month HK\$ 每次/月付款之限額 港幣\$ _____	
Contact Telephone 聯絡電話 _____ Date of Completing Form 日期 _____	My / Our Signature(s) 本人/吾等之簽名 _____ Sign your name as recorded on statement / passbook 在結單/存摺上所記錄之簽名
For Office Use 由本會填寫 Debtor's Reference (Donor's Ref.) 債務人參考檔案編號 _____	For Bank Use _____ Signature Verified _____

請填妥本授權書，簽署後直接交回或郵寄到「播道神學院」(地址：香港九龍美孚新邨蘭秀道 38-46 號地下至三樓)

Please sign completed form and send to or mail to "Evangel Seminary" (G/F to 3/F, 38-46 Nassau Street, Mei Foo Sun Chuen, Kln, Hong Kong.)

每月定額奉獻表格 Monthly Donation Autopay Form

姓名(Name) : Rev. (Mr) / Ms. Tse Yan 牧師 (先生) / 小姐

校友(Alumni) 禱伴(Prayer Partner) 院訊讀者(News Reader)

願意每月付上 港幣 1000 元作奉獻。I would like to donate \$ 1000 monthly.

- 經常費 General Fund 院舍發展基金 Campus Development Fund
 儲備師資 Faculty in Preparation 圖書館基金 Library Fund
 鮑會園牧師教席 Rev. Pao's Chair 其他 Others _____

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Tel: 2337 0111 Fax: 2337 0955 E-mail: admoff@evs.edu.hk Website: <http://www.evs.edu.hk>

Direct Debit Authorization 自動轉賬授權書 (please send back the original 請寄回正本)

I/We hereby authorize my bank to debit my/our bank account to make a monthly donation of HK\$ 1000 to Evangel Seminary.
 本人(等)現授權銀行於本人(等)銀行賬戶內支付港幣 1000 元作為「播道神學院」的每月捐款。

Name of Party to be Credited (The Beneficiary) 收款之一方(受益人) THE ASSOCIATION OF EVANGELICAL FREE CHURCHES OF HK – EVANGEL SEMINARY	Bank No. 銀行編號 025	Branch No. 分行編號 337	Account No. to be credited 收款賬戶之號碼 14-22259-6
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Until further notice, I/we hereby authorize Evangel Seminary to process debits from my/our account not-withstanding the increase in existing overdraft) on my/our account and transfer shall not exceed the limit indicated below account to meet any transfer hereby authorized, no effect such transfer in which event the Bank may authorization at any time on one week's written notice variation of this authorization which I/we may give to my days prior to the date on which such cancellation or variation my/our Bank shall not be obliged to ascertain whether or not notice to me/us.

自通告為止，本人/吾等茲授權 播道神學院 及下述銀行，由本人/吾等下授授權書內指定的捐款額，惟每次轉賬不得超過以下指定之本人/吾等賬戶透支，或增加透支金額，亦請照付。但銀行方存款不足而拒予撥付，亦可因轉賬銀碼與下述銀碼不符時，收取價常之收費，亦可隨時以一星期書面通知取消本授權書。取消或更改本授權書之任何通知須於取消或更改生效日最少兩個工作日前交與本人/吾等之銀行。本人/吾等同意本人/吾等之銀行無須證實該等轉賬通知是否已交付本人/吾等。

聯名戶口須清楚列明所有登記人姓氏和名字

PLEASE PRINT 為方便電腦處理，以下請以英文正楷填寫

My / Our Full Name (s) 本人/吾等之名稱 Mr / Miss / Mrs 先生/小姐/太太 Surname 姓 T S E S H E U N G	Bank No. 銀行編號 0 2 8 1 1 3	Branch No. 分行編號 1 2 3 7 8 9 5	Account No. 本人/吾等之賬戶編號
First Name(s) 名 Y A N K A M T S E 中文姓名 謝 恩 常 感 謝	My / Our Full Address 本人/吾等之地址 Room A, 17/ F., Block 4, Phase 6, Grace Garden, Fotan, N.T.		
Bank Name 銀行名稱 Public Bank	Branch Name 分行名稱 Fotan	My / Our Signature(s) 本人/吾等之簽名 TSE YAN KAM	
Limit for each payment / Month HK\$ 每次/月付款之限額 港幣\$ 1,000	Contact Telephone 聯絡電話 852-9123-4567	Date of Completing Form 日期 14-Feb-2019	Sign your name as recorded on statement / passbook 在結單/存摺上所記錄之簽名
For Office Use 由本會填寫 Debtor's Reference (Donor's Ref.) 債務人參考檔案編號	For Bank Use	Signature Verified	

請交回或寄回播道神學院