

Student Name: _____ School: _____ Student Account No.: _____

Discovery College/ Renaissance College

DIRECT DEBIT AUTHORISATION(Generic Set-up) 直接付款授權書

- Note 注意:
- Please tick where applicable. 請在適當的地方加上剔號。
 - 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. For non-HSBC customers, please complete and return this form to your banker. 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。如非滙豐客戶, 請依次填寫並將此授權書交給貴戶的往來銀行。
 - 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。
 - Please refer to the bank tariff guide for details of the charges. 收費之詳情請參閱銀行服務費用簡介。

Date 日期

D	D	M	M	Y	Y	Y	Y
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Name of Party to be Credited (The Beneficiary) 收款的一方 收款人) ESF EDUCATIONAL SERVICES LTD	Bank No. 銀行號碼 0 0 4	Branch No. 分行號碼 5 1 1	Account No. 戶口號碼 3 3 5 0 6 9 0 0 1
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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
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My/Our Name(s) as recorded on Statement/Passbook (in Block Letters) 本人(等)在結單/存摺上所紀錄的名稱 請以英文正楷填寫)

Contact Telephone No. 聯絡電話號碼 	Maximum Limit for 最高付款限額 Note 注意: If blank the debtor's bank will set as "unlimited". 如無填寫, 付款銀行會將轉賬限額設定為「不設上限」。 <input checked="" type="checkbox"/> Each Payment 每次 <input type="checkbox"/> Each Month 每月 	Expiry Date (day/month/year) 到期日(日/月/年) Note 注意: If blank, this authorisation shall have effect until further notice and Expiry Date should be greater than 3 months. 如無填寫, 此直接付款授權書將無限期有效直至另行通知及到期日必須大於三個月 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

My/Our Address as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的地址

Debtor Name (in Block Letters) 付款人名稱 請以英文正楷填寫) Note 注意: Please specify if other than Account Holder. 如非戶口持有人, 請填寫。 	Debtor Reference (Compulsory Field) 付款人編號 必填之欄) (Filled by ESF/由英基填寫) (Reference between yourself and the party to be credited 貴賬戶與收款一方的編號)
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Declaration (For HSBC Customer Only) 聲明 只適用於滙豐客戶)

- I/We hereby authorise my/our above 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 above. 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上指定的限額。
- I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice 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或沖銷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 understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice. 本人(等)明白本人(等)須在指定的轉賬日期(即根據本人(等)的銀行從收款人或其往來銀行及/或代理行不時收到的指示)前一個營業日(分行辦公時間內), 在戶口內備有足夠款項以便支付該等授權轉賬。本人(等)並同意如本人(等)的戶口並無足夠款項支付該等授權轉賬, 本人(等)的銀行有絕對酌情權不予轉賬, 且本人(等)的銀行可收取慣常的收費, 並可隨時取消該等授權轉賬且毋須通知本人(等)。為免疑問, 本人(等)的銀行可隨時自行決定取消該等授權轉賬且毋須通知本人(等)。
- This direct debit authorisation shall have effect until further notice or until the expiry date written above (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上列到期日為止, 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天之前交予本人(等)的銀行。
- The Bank may charge an instruction setup/amendment fee from my/our account stated above in accordance with the rates as specified by the Bank from time to time. 本人(等)的銀行可根據不時規定的收費, 向本人(等)的上述戶口收取設立/更改指示之費用。

My/Our Bank Account Signature(s) 本人(等)銀行戶口的簽署

For Bank Use Only 銀行專用	Remarks 	Branch Chop
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Staff ID

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Suggested Limit: Primary HKD15,000 or Secondary HKD 20,000



How to fill in the Direct Debit Authorisation Form

- Direct Debit is mandatory.
- One Direct Debit Authorisation form for each student, e.g. if you have three children attending Renaissance College / Discovery College, please fill in three Direct Debit Authorisation forms, one for each child.
- A letter will be sent to parents once we received the confirmation from the bank.
- Should there be any correction on the form, please cross it out and sign beside it. Do not overwrite or use correction fluid.
- Please fill the form in ENGLISH and in BLOCK letters.

- Bank name and branch
- Bank No., Branch No. and Account No.,
- No. shown on AMT card or statement/passbook
- Name of bank Account Holder
- Contact number of Account Holder
- Select maximum limit for
- Each payment
Suggested Limit for each payment
-\$15,000 for Primary
-\$20,000 for Secondary
- Expiry Date
- Please **DO NOT FILL**
- Address
- Same address as registered with bank
- Debtor Name
- Student name
- Debtor Reference (Filled by ESF)
- Student account number
- For new student, leave it blank
- Signature
- Bank signature

Discovery College/ Renaissance College

DIRECT DEBIT AUTHORISATION (Generic Set-up)
直接付款授權書

Note 注意: 1. Please tick where applicable. 請在適當的地方加上標記。
2. For HSBC customers, please return the completed form to the Bank or mail to Automatic Payments Centre, Payment Services at P.O. Box 23877, Kwun Tong Centre/Post Office, Kwun Tong, Hong Kong. You may also set up the direct debit authorisation through HSBC Internet Banking. For non-HSBC customers, please complete and return the form to your banker 如屬匯豐客戶, 請將已填妥的表格交回本行或個人客戶服務中心或匯豐網上理財 如屬非匯豐客戶, 請將表格寄交本行客戶服務中心。
3. 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. 在一般情况下, 本行將在收到您的直接付款授權書後在四個辦公日內完成, 不包括星期六、日及公眾假期。
4. Please refer to the bank leaflet for details of the charges. 請參閱本行傳單詳情。

Date 日期: _____

Name of Party to be Credited (The Beneficiary) 收款人姓名				Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼
ESF EDUCATIONAL SERVICES LTD				004	511	35069101
My/Our Bank (Bank Name) 銀行及分行名稱				Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼
My/Our Bank recorded on Statement/Passbook (In Block Letters) 本行在傳單/存摺上所記錄的名稱						
Contact Telephone No. 聯絡電話號碼		Limit for each payment 每項付款之最高額		Expiry Date (day/month/year) 到期日 (日/月/年)		
_____		<input checked="" type="checkbox"/> Each Payment 每項付款 <input type="checkbox"/> Each Month 每月		Note 注意: If blank, the authorisation shall have effect until further notice and Expiry Date should be given. 如填寫, 該直接付款授權書將在到期日及到期後必須由本人通知。		
My/Our Bank recorded on Statement/Passbook 本行在傳單/存摺上所記錄的地址				_____		
Debtor Name (In Block Letters) 債務人姓名 (請以英文正楷填寫)				Debtor Reference (Reference between you and the party to be credited) 債務人賬目 (ESF 請填基礎編號)		
_____				_____		
Declaration (For HSBC Customers) 聲明書 (請填寫)						
1. I/we hereby authorise my/our bank to effect transfers from my/our account to that of the above named beneficiary in accordance with the instructions received by my/our bank 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 above. 本人(等) 謹此聲明, 本人(等) 授權本行(等) 代為轉帳, 且每項轉帳金額不得超過以上指示之金額。						
2. I/we agree that my/our bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us. 本人(等) 同意, 本人(等) 銀行毋須查閱轉帳通知或回轉通知是否已交本人(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). 本人(等) 同意, 本人(等) 共同或分別地接受任何因上述轉帳而引致之存款不足。						
4. I/we understand that I/we must maintain sufficient funds in the account one business day before the close of branch banking hours (before the transfer date (as specified in the instructions received by my/our bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein). We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our bank will, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice. 本人(等) 明白, 本人(等) 應於轉帳日期前(即收到本行(等) 自收款人或其銀行或其銀行之銀行之指示) 前, 在戶口內維持足夠存款以支付轉帳授權書。本人(等) 同意, 本人(等) 明白, 本人(等) 應於轉帳日期前(即收到本行(等) 自收款人或其銀行或其銀行之銀行之指示) 前, 在戶口內維持足夠存款以支付轉帳授權書。本人(等) 同意, 本人(等) 明白, 本人(等) 應於轉帳日期前(即收到本行(等) 自收款人或其銀行或其銀行之銀行之指示) 前, 在戶口內維持足夠存款以支付轉帳授權書。						
5. This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). 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有效直至另行通知或上述日期為止(以兩者中之最先者為準)。本人(等) 同意, 本人(等) 明白, 本人(等) 應於轉帳日期前(即收到本行(等) 自收款人或其銀行或其銀行之銀行之指示) 前, 在戶口內維持足夠存款以支付轉帳授權書。						
6. 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) 明白, 本人(等) 應於取消或更改本直接付款授權書之日期前, 至少兩個辦公日通知本行(等)。						
7. The Bank may charge an instruction setup/adjustment fee from my/our account stated above in accordance with the rates as specified by the Bank from time to time. 本人(等) 明白, 本人(等) 銀行可根據本直接付款授權書之費用, 向本人(等) 的戶口內收取本行(等) 所訂之費用。						

My/Our Bank Account Signature(s) 本行(等) 銀行 _____

For Bank Use Only 銀行專用

Remarks _____

Branch Chop _____

Suggested Limit: Primary HKD15,000 or Secondary HKD 20,000

Staff ID _____

AP/03/2016/PAY/000016