## DIRECT DEBIT AUTHORISATION

(FOR HKD ONLY)

Date :

NOTE:Please complete and return this form to your banker.

Name of Party to be Credited (The Beneficiary)	Bank No.	Branch No.	Account No.				
Lloyds Bank plc	0 0 4	0 0 2	8 7 3	1 7	2 (	0 0	2

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 from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

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.

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 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.

This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).

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.

My/Our Bank Name and Branch				Ban	k No.		Branch	My/Our Account No.									
# My/Our Name(s) as recorded on Statement/Passbook Contact Tel No.									· · · ·								
*Limit for Each Payment	*Expiry Date M				My/Our Address as recorded on Statement/Passbook												
	Day	Month	Year														
Name of Debtor			*My/Our	<sup>-</sup> Signatur	e(s)												
*Dahtaria Dafaranaa			-														
*Debtor's Reference																	
For Bank Remarks													Sigr	natur	e Ver	rified	ł
Use Only																	t

#Please write in block letters.

\*Note

- 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.
- 2. 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.
- 3. Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
- 4. In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.