



協康會 Heep Hong Society
「『童途有您』」每月捐款計劃 Monthly Donation Campaign
資料更新表格 Amendment Form

姓名 Name:	捐助者編號 Donor No:
聯絡電話 Contact:	身份證號碼(如適用) HKID (if applicable):

請選擇以下需要更改資料的項目：

Please choose from the following items for amendment:

<input type="checkbox"/> 聯絡電話 Contact No.:
<input type="checkbox"/> 通訊地址 Correspondence Address:
<input type="checkbox"/> 電郵 Email:
<input type="checkbox"/> 每月捐款金額 Monthly Donation Amount: \$
<div><input type="checkbox"/> 每月捐款方法 Monthly Donation Method: ○ 銀行自動轉賬賬戶 Bank Autopay Account (請重新填寫自動轉賬授權書並將<u>正本寄回</u> Please complete a new Direct Debit Authorisation Form and <u>send back the original</u>) ○ 信用卡 Credit Card (發咭銀行 Issuing Bank : _____) ○ Visa ○ MasterCard ○ American Express (本會獲豁免手續費 Handling charge will be waived) 賬戶號碼 Account No: _____ 持咭人姓名 Cardholder' s Name: _____ 有效日期 _____ 月 _____ 年 (必須於 3 個月內有效) Card Expiry Date: _____ MM _____ YY (Valid at least 3 months) 持咭人簽署 Cardholder' s Signature: _____</div>
生效日期 Effective Date: 日 DD 月 MM 年 YY

簽名 _____ 日期 _____
Signature: _____ Date: _____

*請把填妥的表格傳真或郵寄致本會。 Please send back the completed form by fax or by post.

衷心感謝您的慷慨支持!
With deepest thanks for your generous support!

地址 Address: 香港九龍大坑東邨東裕樓地下 1 號 G1, Tung Yu House, Tai Hang Tung Estate, Kowloon, Hong Kong

電話 Tel: (852) 2776 3111 傳真 Fax: (852) 2776 1837 電郵 Email: info@heephong.org 網址 Website: www.heephong.org

自動轉賬授權書 Direct Debit Authorisation Form

收款之一方名稱 (收款人) Name of party to be credited (the Beneficiary) 協 康 會 Heep Hong Society														
銀行編號 Bank No.			分行編號 Branch No.			收款賬戶之號碼 Account No. to be credited								
0	2	4	2	8	0	3	4	8	8	2	2	0	0	2

本人(等)現授權本人(等)之下列銀行(「該銀行」, 根據該書面時給予銀行之指示, 自本人(等)下逕戶口內轉賬予該書面, 並同意本人(等)之銀行毋需將該等轉賬通知是否已交予本人(等), 如該等轉賬而令本人(等)之下逕戶口出現透支(或令現時之透支額增加), 本人(等)會共同及別承擔全部責任。本人(等)確證在本人自動轉賬授權書內之簽名, 與本人(等)下逕戶口所簽署完全相同。本人(等)同意如上述銀行戶口有任何更改或取消是時自動轉賬付款方式時, 需通知該書面。同時如下逕戶口並無足夠款項支付該等轉賬, 該銀行概不辦理轉賬可收取有關之手續費費用, 該等費用由本人(等)支付。本人自動轉賬授權書將繼續生效直至另行通知為止。本人(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期後最少兩個工作天向該銀行, 並同時通知該書面。本人(等)確證以下資料正確無誤, 如有錯誤, 本人(等)會共同承擔全部責任。

I/We hereby authorise my/our bank named below (the "Bank") to effect transfer from my/our below-mentioned account to that of Heep Hong Society in accordance with such instructions as the Bank may receive from Heep Hong Society from time to time. I/We agree that the 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 below-mentioned account which may arise as a result of any such transfer(s). I/We confirm that my/our signature(s) on this authorisation form is/are the same as that/those for the operation of my/our below-mentioned account to be debited for the transfer. I/We agree to notify Heep Hong Society of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our below-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us. This authorisation shall have effect until further notice. I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to Heep Hong Society. I/We jointly and severally accept full responsibility for any incorrect information given below.

1. 本人(等)在結單/存摺上所紀錄之名稱 My/Our Name as recorded on Statement/Passbook 先生/女士/小姐 Mr/Ms/Miss									
2. 本人(等)在結單/存摺上所紀錄之地址 My/Our Address as recorded on Statement/Passbook									
3. 銀行名稱 Bank Name									
4. 填表日期 Date of Completing Form									
5. 銀行編號 Bank No.		分行編號 Branch No.		本人(等)之賬戶號碼 My/Our Account No.					
6. 儲蓄/往來戶口記錄之身分證明類別及號碼: ID type and no. as registered for your savings/current account :									
<input type="checkbox"/> 香港身分證號碼 HKID no. : 或 OR <input type="checkbox"/> 其他 Others									
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> () </div> <div> 類別 Type : _____ 號碼 No. : _____ </div> </div> <p style="font-size: small; margin-top: 5px;">(為免捐款者記錄重複，煩請填寫。 To avoid donor record duplication only)</p>									
7. 本人(等)之簽名 My/Our Signature(s)					8. 聯絡電話 Contact Tel No.				

此欄不用填寫 For Office Use Only

由協康會填寫 For Heep Hong Society Use 捐款人編號 Debtor's Reference	由銀行填寫 For Bank Use	簽名式樣 Signature Verified
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- * 請刪去不適用者。Delete whichever is not appropriate.
- * 請交回表格正本。如有塗改，請簽名以示確認。Only originals are accepted, any alteration requires signature.
- * 銀行可將超過兩年未有任何通帳紀錄之直接付款授權書告失效，及可刪除該授權紀錄而毋須另行通知。The Bank may delete this direct authorisation without giving any notice if there is no transaction being recorded under this direct debit authorisation for over two years.