

「東華之友」月捐計劃 - 更改每月捐款指示及個人資料表格
"Friends of Tung Wah" Monthly Donation Scheme - Change of Monthly Donation Instruction and Personal Particulars Form

請填妥此表格並傳真至 2559 6835 或以郵寄方式寄回東華三院(請在信封面寫上「東華三院簡便回郵 10 號 GPO」投寄, 如在香港投寄毋須貼上郵票)或電郵至 ftw@tungwah.org.hk
 Please return the completed form by fax to 2559 6835 or by post to Tung Wah Group of Hospitals, Freepost No. 10 GPO (No stamp required if post within Hong Kong) or by email to ftw@tungwah.org.hk
 (請在適用項目的空格內加上"✓"或*刪去不適用者 Please "✓" or *delete as appropriate)

善長資料 Donor Information :

善長芳名 Donor Name: _____ (*先生 Mr./女士 Ms./小姐 Miss/太太 Mrs.)

善長編號 Donor Number: _____

需更改資料之月捐計劃 Change of Monthly Donation Instruction for :
 「東華之友」每月捐款計劃 Friends of Tung Wah Monthly Donation Scheme

 「杏林之友」每月捐款計劃 Medical Services Monthly Donation Scheme

更改內容 Details of Change :

 生效日期 Effective Date : 即時 Immediate 由 from _____ (日 D/月 M/年 Y)起

 更改捐款金額 Change of Donation Amount

 每月定額捐款金額由港幣 _____ 更改至港幣 _____
 Monthly donation amount change from (HKD) _____ to (HKD) _____

 更改捐款方法 Change of Donation Method[#]

(請同時填寫信用卡/銀行自動轉賬資料 Please also complete Credit Card / Bank Autopay information)

 信用卡資料 Credit Card information:
 VISA MasterCard

信用卡號碼 Credit Card Number: _____ - _____ - _____ - _____

信用卡有效期至 Credit Card Expiry Date: _____ (月 mm) / _____ (年 yy)

持卡人姓名 Cardholder's Name : _____ (*先生 Mr./女士 Ms.)

持卡人簽署 Cardholder's Signature: _____

 銀行自動轉賬資料 Bank Autopay information :

收款之一方(受益人) Name of Party to be credited (The Beneficiary)	銀行編號 Bank No.	分行編號 Branch No	收款賬戶之號碼 Account No. of Party
東華三院 TUNG WAH GROUP OF HOSPITALS	0 0 4	0 0 2	2 5 0 5 5 3 0 0 1
本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No	本人/吾等之賬戶號碼 My/Our Account No.
本人/吾等在結單/存摺上所紀錄之英文名稱 My/Our Name as recorded on Statement/Passbook	開戶時之身份證號碼 My / Our Hong Kong Identity Card No.		
本人/吾等之簽名 My / Our Signature(s)			
簽名必須與 閣下 (吾等) 之戶口簽名完全相同 Same as the signature(s) of your bank account			

1. 本人/吾等現授權本人/吾等之上述銀行 (根據受益人不時給予本人/吾等銀行之指示) · 自本人/吾等之賬戶內轉賬予上述受益人。I/We hereby authorize my/our above named Bank to effect transfer 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 from time to time. 2. 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予本人/吾等。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. 3. 如因該轉賬而令本人/吾等之賬戶出現透支 (或令現時之透支增加) · 本人/吾等願共同及個別承擔全部責任。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). 4. 本人/吾等同意本人/吾等之賬戶並無足夠款項支付該等授權轉賬 · 本人/吾等之銀行有權不予轉賬 · 且銀行可收取慣常之費用。I/We agree that 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 affect such transfer in which event the Bank may make the usual charge. 5. 本人/吾等同意 · 本人/吾等取消或更改本授權書之任何通知 · 須於每月24日前交予本人/吾等之銀行 · 並同時通知上述受益人。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 on 24th of each month and at the same time such notice shall be given to the beneficiary. 6. 本人 (等) 確認本人 (等) 在此表格上的簽署與本人 (等) 用以轉賬的戶口的簽署相同 · 本直接付款授權書將繼續生效直至通知為止或會通知東華三院任何銀行戶口的變更或取消交費方式。We confirm my/our signature(s) on this form is/are the same as the signature(s) of my/our Bank account given above. Until further notice, I/We hereby authorize Tung Wah Group of Hospitals to initiate and the Bank named above to process debits to my/our account from time to time.

 更改個人資料 Update of Personal Data

更新地址 Updated Address : _____

更新電話 Updated Contact Number : _____ 更新傳真 Updated Fax: _____

更新電郵 Updated Email: _____

收據芳名 Name on Receipt: _____ (*先生 Mr./女士 Ms./小姐 Miss/太太 Mrs.)

 取消捐款 Cancellation of Donation

本人/吾等欲取消每月捐款。 I/We would like to cancel my/our monthly donation

#如欲取消或更改每月信用卡或銀行自動轉賬捐款, 請於每月 24 日前通知東華三院。

Any notice of cancellation or variation of credit card/bank autopay monthly donation shall be given on 24th of each month such cancellation or variation is to take effect.

本人/吾等確認上述之更改 I/We confirm the above changes:

善長簽署

Donor's Signature: _____

日期

Date : _____