



東華三院

Tung Wah Group of Hospitals

更改個人資料 / 每月捐款指示表格

Change of Personal Data / Monthly Donation Instruction Form

填妥的表格可經郵寄至上環普仁街 12 號東華三院籌募科、電郵 ftw@tungwah.org.hk 或傳真至 2559 6835。如有查詢，歡迎致電捐款熱線 1878 333。Completed form can be submitted by post to Fund-raising Division, Tung Wah Group of Hospitals, 12 Po Yan Street, Sheung Wan, by email to ftw@tungwah.org.hk or by fax to 2559 6835. For enquiries, please contact the Donation Hotline at 1878 333.

(請在適當方格內填上「」號 Please "" the relevant box(es))

善長資料 Donor Information

善長編號 Donor ID _____ 善長/機構芳名 Name of Donor/ Company _____ 先生 Mr. 女士 Ms. 小姐 Miss

聯絡電話 Contact No. _____ 電郵 Email _____ 公司 Company 團體 Group

更改個人資料 Change of Personal Data (只須填寫更改部分 Fill in only information to be updated)

地址 Address _____

聯絡電話 Contact No. _____ 傳真 Fax _____ 電郵 Email _____

其他資料，請註明 Others, please state _____

更改月捐計劃捐款指示 Change of Monthly Donation Instruction (只須填寫更改部分 Fill in only information to be updated)

月捐計劃於每月 1 - 10 日期間轉賬，如有需要，請於每月 20 日前通知本院更改月捐計劃捐款指示 Monthly donation will be processed during 1st and 10th of each month. Change of monthly donation instruction shall be given by 20th of the month if necessary

生效日期 Effective Date 即時 Immediate 由 From _____ 日 DD / 月 MM / 年 YYYY 起 on wards

捐款計劃 Donation Scheme 「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

捐款金額 Donation Amount 每月定額捐款金額由港幣 To Change Monthly Donation Amount from HKD _____ 更改至港幣 to HKD _____

捐款方法 Donation Method (請提供信用卡或銀行自動轉賬資料 Please Provide Credit Card or Bank Information)

信用卡 Credit Card

VISA 萬事達卡 Mastercard

信用卡號碼 Credit Card No. _____ 有效日期 Expiry Date _____ 月 MM 年 YY

持卡人姓名 Name of Cardholder _____ 持卡人簽署 Signature of Cardholder _____

本人現授權東華三院由本人之信用卡賬戶內定期扣除上述之款項，直至另行通知為止。本人同意此授權書於本人之信用卡有效期後及獲續發新卡時繼續生效，並無須另行填寫通知書。如需要取消或更改本授權書，須於每月 20 日前以書面通知東華三院。 I hereby authorize Tung Wah Group of Hospitals to charge my credit card account for the relevant amount specified above. This authorization shall have effect until further notice. I agree that this authorization shall have effect after the valid date of the credit card or replacement of the credit card, and no authorization form will be submitted again. I agree that any notice of cancellation or variation of this authorization shall be given by 20th of the month for such cancellation/variation is to take effect.

銀行戶口每月自動轉賬授權書 Bank Monthly Auto-Pay Authorization Form

收款之一方 (受益人) Name of Party to be credited (The Beneficiary) 東華三院 TUNG WAH GROUP OF HOSPITALS	銀行編號 Bank No. 0 0 4	分行編號 Branch No. 0 0 2	收款賬戶之號碼 Account No. of Party 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)			

必須與戶口簽名相同 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 20 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 20th of each month and at the same time such notice shall be given to the beneficiary. 6. 本人/吾等確認本人/吾等在此表格上的簽署與本人/吾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.

取消每月捐款 To Cancel Monthly Donation

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

簽署 Signature _____ 日期 Date _____

東華三院專用 For Official Use Only	Received on	Updated on/ Processed on	Confirmation Sent on	Handled by
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