

銀行戶口每月自動轉賬授權書

BANK MONTHLY DIRECT DEBIT AUTHORIZATION FORM



我願意每月捐出以下款項，幫助患有重病的兒童實現願望：

I would like to have monthly donation and help fulfill the wishes for children with critical illnesses:

HK\$200 HK\$500 HK\$800 HK\$1,200 其他 Other HK\$: _____

A. 收款之一方 (受益人) Name of party to be credited (The Beneficiary):

Make-A-Wish Foundation of Hong Kong Limited 願望成真基金有限公司

銀行編號 Bank No.			分行編號 Branch No.			收款帳戶之號碼 Account No. to be Credited								
0	0	4	0	4	2	3	5	7	6	9	9	0	0	1

B. 本人/我們之銀行戶口姓名 My/Our Full Name(s) with My/Our Bank:

先生/女士/小姐 Mr/Ms/Miss

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C. 本人/我們的銀行及分行名稱 My/Our Bank Name and Branch:

銀行編號 Bank No.			分行編號 Branch No.			本人/我們之儲蓄/來往戶口號碼 Savings/Current Account No.											

D. 本人/我們之地址 My/Our Full Address:

室 Room _____ 樓 Floor _____ 座 Block _____

大廈/屋苑名稱 Name of Building/Estate _____

街道號碼及名稱 No. and Name of Street/Road _____

區域 District _____ 香港 Hong Kong 九龍 Kowloon 新界 N.T.

E. 聯絡電話 Contact No.:

F. 身份證號碼 HKID No.:

G. 電郵 Email:

本人/我們之簽名 My/Our Signature(s)

日期 Date

X

須與銀行戶口的簽署相同

Sign your name as bank account signature

本人/號/公司茲授權願望成真基金有限公司及上述銀行，由本人/號/公司之銀行帳戶內支付帳款直至另行通知為止；如因該等轉帳而令本人/號/公司之帳戶出現透支（或令現時之透支增加），本人/號/公司願共同及各別承擔全部責任。但銀行方面，則可因本人/號/公司之存款不足而拒予撥款，銀行可收取慣常之收費，亦可隨時以一星期書面通知取消本授權書，本人/號/公司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最少兩個工作天前與本人/號/公司之銀行，本人/號/公司同意本人/號/公司之銀行毋須證實該等轉帳通知是否已交付本人/號/公司。

Until further notice, I/we hereby authorize Make-A-Wish Foundation of Hong Kong Limited to initiate and the Bank named above to process debits to my/our account from time to time. 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). 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 effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice. 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 at least two working days prior to the date on which such cancellation or variation is to take effect. I/We agree that our Bank shall not be obliged to ascertain whether or not notice or any such transfer has been given to me/us.

備註 Remarks:

約每月25號過數 Transactions will be proceeded on or around the 25th day of the month.

捐款HK\$100或以上可獲正式收據及享有稅務減免。 Tax deductible receipts will be issued for donations of HK\$100 or above.

願望成真基金將以上述資料與你保持聯絡，定期介紹本會的活動資訊及工作進展。如若你不願意收到有關資訊，請於方格內加上「X」號。

Make-A-Wish Hong Kong may use your contact information from time to time to provide you the news of program, events and fundraising materials. If you do not wish to receive the information, please mark an "X" in the box.

此欄不用填寫 For Official Use Only

由本機構填寫 For Make-A-Wish Hong Kong Use only 捐款人編號 Debtor's Reference	由銀行填寫 For Bank Use only 簽名式樣 Signature Verified
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請交回表格正本，任何塗改請簽名以示確認。 Only original copy is accepted, any alteration requires signature.

電話 Tel: (852) 3101 9688 傳真 Fax: (852) 3101 9588 電郵 Email: info@makeawish.org.hk

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