

長者安居協會 Senior Citizen Home Safety Association

每月銀行賬戶自動轉賬捐款表格 Autopay on Monthly Basis (Direct Debit) Donation Form

請把表格正本寄回「長者安居協會 簡便回郵 56 號 KCL (FP-02126-0) 籌款部」(免貼郵票)。任何塗改，請在旁加簽確認。

Please mail the original form to "Senior Citizen Home Safety Association, Freepost 56 KCL (FP-02126-0), Fundraising Dept." Any alternation requires signature.

本人樂意每月捐款支持「一線通平安鐘™」慈善計劃

I would like to make a monthly donation to support "Care-on-Call Charity Programme"

HK\$1000  HK\$500  HK\$300  HK\$100  HK\$ \_\_\_\_\_



捐款者資料 Donor's Personal Information

先生 Mr.  女士 Ms.  小姐 Miss 中文姓名 Chinese Name: \_\_\_\_\_ 英文姓名 English Name: \_\_\_\_\_

捐款者編號 Donor No. : \_\_\_\_\_ (如適用 if applicable) 聯絡電話 Contact Tel. No. : \_\_\_\_\_ 傳真號碼 Fax: \_\_\_\_\_

電郵 Email: \_\_\_\_\_ 地址 Address: \_\_\_\_\_

得悉本會途徑? How do you know about our Association:  報章 Newspaper  電視 Television  網站 Website/社交媒體 Social Media/電郵 Email

收據安排 Donation Receipt:  單張 Leaflet  親友推介 Word of mouth  服務用戶 Service user  其他 Others \_\_\_\_\_

請寄回收據。如收據抬頭非捐款者本人，請列明: \_\_\_\_\_  
Please send me a receipt. If the recipient's name differs from the donor, please specify: \_\_\_\_\_

為節省行政開支，本人不需要收據。To save the administration cost, please do not send me the receipt.

直接付款授權書 DIRECT DEBIT AUTHORISATION FORM

\*必須填寫 Required Field

收款的一方(收款人) Name of Party to be Credited (The Beneficiary)	銀行號碼 Bank No.	分行號碼 Branch No.	戶口號碼 Account No.
長者安居服務協會 Senior Citizen Home Safety Association	004	511	669228-002
本人(等)的銀行及分行名稱/款的一方(收款人) My/Our Bank Name and Branch *	銀行號碼 Bank No. *	分行號碼 Branch No. *	本人(等)的戶口號碼 My/ Our Account No. *
本人(等)在結單/存摺上所紀錄的名稱(請以英文正楷填寫) * My/Our Name(s) as recorded on Statement/Passbook (in Block Letters)	本人(等)銀行戶口的簽署 My/Our Bank Account Signature(s) * (在此授權書內的簽名或印章須與銀行賬戶所簽的完全相同 Please sign in the usual way as you would sign on your Bank Account)	填表日期 Date of Donation *	
每月最高付款限額 Maximum Limit for Each Month If blank, the debtor's bank will set as "unlimited" 如無填寫，付款銀行會將轉賬限額設定為「不設上限」。	到期日(日/月/年) Expiry Date(day/month/year) 注意: 如無填寫，此直接付款授權書將無限期有效直至另行通知及到期日必須大於三個月 If blank, this authorisation shall have effect until further notice and Expiry Date should be greater than 3 months.	聯絡電話號碼 Contact Tel. No.	
本人(等)在結單 / 存摺上所紀錄的地址 My/Our Name(s) Address as recorded on Statement/Passbook	付款人名稱(請以英文正楷填寫) Debtor Name (in Block Letters) 注意: 如非戶口持有人，請填寫。Please specify if other than Account Holder.		
由長者安居服務協會填寫 To be filled by SCHSA 付款人編號 Debtor Reference 貴賬戶與收款一方的編號 Reference between yourself and the party to be credited	銀行專用 For Bank Use Only	Branch Chop	

聲明 Declaration :

- 本人(等)現授權本人(等)的上述銀行。(根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。  
I/We hereby authorise my/our above 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 and/or its banker's correspondent from time to time provided always that the amount of any one such transfers shall not exceed the limited indicated above.
- 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人(等)。  
I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us.
- 如因該等轉賬而令本人(等)的戶口出現透支(或令現時之透支增加)，本人(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).
- 本人(等)明白本人(等)須在指定的轉賬日期(即根據本人(等)的銀行從收款人或其往來銀行及/或代理行不時收到的指示)前一個營業日(分行辦公時間內)，在戶口內備有足夠款項以便支付該等授權轉賬。本人(等)並同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有絕對酌情權不予轉賬，且本人(等)的銀行可收取慣常的收費，並可隨時取消該等授權轉賬且毋須通知本人(等)。  
I/We understand that I/We must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorize herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorization at its sole discretion at any time without prior notice.
- 本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立的直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的紀錄，本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等)。即使本授權書並未到期或未有註明授權到期日。  
This direct debit authorisation shall have effect until further notice or until the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation has not expired or there is no expiry date for the authorisation.
- 本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行。  
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.

自動轉賬捐款者注意事項 Notes for SCHSA Autopay Monthly Donor

- 長者安居協會每月銀行自動轉賬捐款的過數日期為每月 16 日(假期順延)。The transaction of Monthly Donation takes place on 16th of each month. (The transaction will take place on the next working day in case of public holiday).
- 捐款收據將於每年 4 月寄奉，收據上將列明 閣下於上一個財政年度的捐款金額，以便填寫報稅表。An annual receipt which lists your donations in the past fiscal year will be issued in April for completing your tax return.
- 如需要更改或取消捐款，請於更改或取消前 10 個工作天前於辦公時間內致電 2338 8312 通知長者安居協會籌款部。Variation or cancellation on this authorisation shall be given to SCHSA's Fundraising Department at 2338 8312 during working hours for 10 working days before the date on which such variation or cancellation to take effect.

收集個人資料聲明 Personal Information Collection Statement

長者安居協會(協會)遵守《個人資料(私隱)條例》(條例)中所列的規定，以保障資料當事人的利益，包括確保儲存的個人資料準確無誤並妥善地儲存。協會將運用你的個人資料(包括你的姓名、電話、傳真、電郵及郵寄地址)作為協會日後發出捐款收據、發送籌款活動通訊及報告、發送協會通訊及就有關捐款與你聯絡。你可以隨時要求協會停止使用你的個人資料作上述用途及更新個人資料。若有需要，請致電 2338 8312。如你不同意上述安排，請在下欄加上“√”號表示。

The Senior Citizen Home Safety Association (SCHSA) undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that your personal data are accurate and securely kept. Your personal data (including name, telephone number(s), fax number, email and mailing addresses) will be utilized for the purposes of providing you with the SCHSA's fundraising information, issuance of donation receipt and donation related contact. Upon your request to 2338 8312, we will stop using your personal data for any of the above mentioned purposes or to update your personal data. Should you find the above mentioned utilization of your personal data not acceptable, please indicate your objection by "√" in the below box before signing.

本人不同意長者安居協會使用我的個人資料作上述用途。I object to the above mentioned utilization of my personal data.