

# 香港復康會 — 易達愉景灣每月捐款計劃

## The Hong Kong Society for Rehabilitation – Access DB Monthly Donation Program

我願意成為香港復康會 - 易達愉景灣每月捐款者 I would like to join the HKSR Access DB Monthly Donation Program

每月捐款額  HK\$1,000  HK\$500  HK\$300  HK\$200  \_\_\_\_\_ (其他捐款金額 Other donation amount)  
Monthly Donation Amount: (基本捐款金額 minimum donation amount HKD\$100)

### 捐款者資料 Donor's Information (請盡量以英文正楷填寫 IN BLOCK LETTERS)

英文姓名: \_\_\_\_\_ 中文姓名 Chinese name: \_\_\_\_\_ 性別 Sex: \_\_\_\_\_  
姓 Surname 名 First names

身份証號碼 ID Card No.: \_\_\_\_\_ 行業 Occupation: \_\_\_\_\_ 出生年份 Year of Birth: \_\_\_\_\_  
(為免捐款者記錄重複, 煩請填寫。To avoid donor record duplication only.)

地址 Address: \_\_\_\_\_

聯絡電話 Tel.: (日間 Day) \_\_\_\_\_ (晚間 Evening) \_\_\_\_\_ 傳真 Fax: \_\_\_\_\_

電郵 E-mail: \_\_\_\_\_ 通訊語言 Language  中文 Chinese  英文 English

收據姓名(如與上述不同) Name on Receipt (If not same as above): \_\_\_\_\_

捐款方法 Donated by:  銀行自動轉賬 Bank auto-pay  信用卡 Credit card

銀行自動轉賬 Bank auto-pay (請郵寄正本 Please send back the ORIGINAL)

表格上如有任何塗改, 請在旁簽署。Please sign against any alterations you make on this form

收款人之一方 (受益人) Name of the Party to be credited (The beneficiary)	銀行編號	分行編號	賬戶號碼
The Hong Kong Society for Rehabilitation – Access DB	015	514	40-405219-3

我/我們/本公司在儲蓄/往來戶口紀錄之名稱 My/our full name(s): 英文姓名 English Name _____ 中文姓名 Chinese Name _____	結單/存摺紀錄地址: My/ Our Address as recorded on Statement / Passbook _____
--	---

銀行名稱 Bank name	銀行編號 Bank no.	分行編號 Branch no.	港幣儲蓄/往來戶口號碼 Savings/Current Account No. (HK\$)
----------------	---------------	-----------------	--

儲蓄/往來戶口紀錄之身份證明類別及號碼 ID Type and No. as registered for my/our savings/current account: <input type="checkbox"/> 香港身份証號碼 HKID No. : _____ 或 OR <input type="checkbox"/> 其他類別 Other type : 號碼 No. : _____	每月港幣捐款 Monthly amount HK\$	我/我們/本公司在儲蓄/往來戶口紀錄之簽名 My/Our Signature(s)	日期 Date
--	----------------------------------	--	---------

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/吾等之賬戶轉賬款項至上述指定之賬戶, 直至另行通知為止, 而任何一次之轉賬款項必須相等於以上所列金額, 如因該等轉賬而令本人/吾等戶口出現透支或使現時之透支增加, 本人/吾等共同及個別承擔全部責任, 本人/吾等確認本人/吾等在此申請表內之簽名, 與本人/吾等轉賬用之儲蓄/往來賬戶之簽名相同, 本人/吾等同意通知受益人有關更改銀行賬戶或取消轉賬付款方式, 並同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬, 本人/吾等之銀行有權酌情決定不予轉賬, 並可徵取慣常之收費, 由本人/吾等支付, 本人/吾等同意, 本人/吾等取消或更改本授權書之任何通知, 須最少於取消/更改生效日之前兩個工作天交予本人/吾等之銀行, 並同時給予受益人有關通知。  
Until further notice 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 provided always that the amount of any one such transfer should be exactly the amount indicated above. 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. 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). I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer. I/We agree to notify the beneficiary of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, 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. 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/variation is to take effect and at the same time such notice shall be given to the beneficiary.

本會職員填寫 For official use only		
檔案編號 Debtor Ref.	銀行專用 For Bank Use	Signature Verified

信用卡 Credit Card (請傳真至 2855 1947 Please fax to 2855 1947) 每月捐款額 HK\$ \_\_\_\_\_

VISA  MASTER

Monthly Donation Amount: \_\_\_\_\_

信用卡號碼  
Card No.: \_\_\_\_\_

信用卡有效期至  
Card expiry date: \_\_\_\_\_ 月 mth / \_\_\_\_\_ 年 yr

持卡人姓名 Cardholder's name: \_\_\_\_\_ 持卡人簽名 Cardholder's signature: \_\_\_\_\_

(每月捐款於該信用卡到期再續後將繼續自動過數, 直至閣下另行通知。 Monthly donation via credit card will continue upon renewal as it expires, unless notified otherwise.)

香港薄扶林沙灣徑7號4樓 4/F, 7 Sha Wan Drive, Pokfulam, Hong Kong

電話 Tel: 3143 2800 傳真 Fax: 2855 1947

電郵 Email: [info@rehab society.org.hk](mailto:info@rehab society.org.hk)

網址 Website: [www.rehab society.org.hk](http://www.rehab society.org.hk)

