請把表格填妥後寄回九龍彩虹邨紫薇樓109及111-118 號地下, 香港聾人協進會收。
Please complete and return the form to **Hong Kong Association of the Deaf, No. 109, 111-118, Chi Mei House Choi Hung Estate, Kowloon, Hong Kong.**

香港聾人協進會 - 每月捐款計劃表格
Hong Kong Association of the Deaf – Monthly Donation Form

捐款者個人資料 DONOR'S PERSONAL INFORMATION

❒ 先生 Mr ❒ 女士 Ms ❒ 小朋友 Kid

英文姓名 (請在姓氏下劃線)
English Name (Please underline surname)

中文姓名
Chinese Name

香港身份證號碼
HKID Card No. *
* 頭五個字元

通訊地址
Postal Address

聯絡電話 Telephone No.

傳真號碼 Fax No.

電郵地址
E-mail Address

捐款方法 DONATION METHOD

☑ 本人願意成為聾協之友，**每月**捐贈以下款項：
I would like to join the Friend Club of Hong Kong Association of the Deaf and donate the following **MONTHLY** amount:

❒ HK$50 ❒ HK$120 ❒ HK$250 ❒ HK$500 ❒ HK$1,000

❒ **其他金額（多少無拘）** Any amount will help HK$ _____

最高付款限額 Maximum Limit for

注意 Note: 如無填寫，付款銀行會將轉賬限額設定為「不設上限」。
If blank, the debtor's bank will set as "unlimited".

❒ 每次 Each Payment ❒ 每月 Each Month

到期日 (日/月/年) Expiry Date (day/month/year)

注意 Note: 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.

(II) 銀行戶口每月轉賬授權書 BANK MONTHLY DIRECT DEBIT AUTHORISATION

收款之一方（受益人）Name of the party to be credited (The beneficiary)

香港聾人協進會 Hong Kong Association of the Deaf

銀行編號 Bank No.	分行編號 Branch No.	賬戶號碼 Account No.
0 0 4	0 1 0	1 9 5 9 1 5 0 0 2

本人 (等) 在結單 / 存摺上所記錄之名稱 (請以英文正楷填寫)
My / Our Name(s) as recorded on Statement / Passbook (in Block Letters)

本人 (等) 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.	賬戶號碼 Account No.

本人(等)在結單 / 存摺上所記錄之地址）
My/ Our Address as recorded on Statement / Passbook

聯絡電話號碼
Contact Telephone No.

付款人名稱 (請以英文正楷填寫) Debtor Name (in Block Letters)
注意 Note: 如非戶口持有人，請填寫。 Please specify if other than Account Holder.

付款人編號 (必填之欄) Debtor Reference (Compulsary Field)
(貴賬戶與收款一方的編號。 Reference between yourself and the party to be credited.)

一年內累積捐款達港幣一百元或以上可憑收據在香港申請免稅。 Accumulated donations of HK$100 annually or above are tax deductible with a receipt in Hong Kong.

❒ 請寄發收據。（注意：若收據抬頭並非捐款人，請以英文列明：
_____。若捐款人姓名或地址欠奉，恕不能寄發收據。）
Plese send me a receipt. (Please specify the recipient if it is different from the donor: _____. Hong Kong Association of the Deaf regrets that it cannot provide receipts to donors who fail to provide either their name or address.)

每月捐款正式收據將於每年四月寄奉，以便您填寫報稅表。
For monthly donations, an annual receipt will be issued in April to help you pursue your tax return.

❒ 為幫助節省行政開支，本人不需收據。
To help save administration costs, please do not send me a receipt.

聲明 (只適用於匯豐客戶) Declaration (For HSBC Customer Only)

1. 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 Instruictions 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 transfer shall not exceed the limit indicated above.
2. 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.
3. 如因該等轉賬而令本人(等) 的戶口出現透支(或令現時的透支增加)，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).
4. 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)。為避免疑問，本人(等)的銀行可隨時自行決定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 authorised 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 authorisation at its sole discretion at any time without prior notice.
5. 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.
6. 本人(等)同意，本人(等)取消或更改本授權的任何通知，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.

本人(等)銀行戶口的簽署
My / Our Bank Account Signature (s)

日期
Date

由香港聾人協進會填寫（檔案編號）
For Hong Kong Association of the Deaf use only (Debtor's reference)

(銀行專用 For bank use only)
Signature(s) verified

Branch Chop

香港聾人協進會專用 For Hong Kong Association of the Deaf use only

DDA to Bank		Handled by/ on	Verified
Start Date			
Last Value Date			
Close Reason			

請填妥表格並寄回九龍彩虹邨紫薇樓109及111-118 號地下, 香港聾人協進會收。 以上資料只會作為發收據及募捐用途。若閣下不希望繼續收取香港聾人協進會之任何信件，請來函通知。
Please return the completed form to Hong Kong Association of the Deaf, No. 109, 111-118, Chi Mei House Choi Hung Estate, Kowloon, Hong Kong. The above information will be used for receipting and fundraising purposes only.
Please notify us in writing if you do not wish to receive future mailings from **Hong Kong Association of the Deaf**.