「樂施之友」更改捐款戶口表格

"Oxfam Partner" donation account amendment form



捐款者個人資料 Donor's Personal Information (請盡量以英文正楷填寫 IN BLOCK LETTERS)					
英文姓名:中 姓 Surname 名 First name					
捐款者編號 Donor number :	(為免捐	款者記錄重覆	· 煩請填寫。To avoid donor record dupli		
地址 Address:					
聯絡電話 Tel.:(日間 Day)(晚間 E	Evening)				
電郵 E-mail:		_ 通訊語言	〖 Language □ 中文 Chine	se 🔲 英文 English	
捐款方法 Donated by: 請選擇 🛛 信	用卡 Credit (Card 或	or 🛛 自動轉賬 Au	topay	
每月捐款額(澳門幣) Monthly Donation Amount N	МОР				
信用卡 Credit Card □ VISA □ MASTER □ 信用卡號碼 Card No.: 持卡人姓名 Cardholder's name: (信用卡每月捐款將在收到此表格後約 10 個工作天生效・並會在每月 10 至 15 號左右號 effective 10 working days after receipt of this form. Thereafter, transactions will normal renewal as it expires unless notified otherwise.)	信用卡 持卡 	有效期至 人簽名 Ca	Card expiry date: Frdholder's signature:	mth / 年 yr	
□ 自動轉賬表格 (只限大豐銀行戶口持有人) Autopay Authorization Form (For Bank According the part of the pa	unt holder of ⁻ 修改代付款 Amer	Гаі Fung	_	inal to Macau Office)	
致: 大豐銀行	To: TAI FUNG BANK Ltd.				
在本人/吾等於 貴銀行開立之帳戶支付按以下所述機構 (以下簡稱「受益人」)提供的捐款金額・儘管此舉可能引致本人/吾等帳戶出現透 5 或增加透支。如本人/吾等帳戶並無足夠存款・銀行有權不予支付該 等款項,亦無義務通知本人/吾等・再者如本人/吾等之帳戶連續三次因帳戶可用餘額不足而未能支付帳戶或建續一年未有發生有關之轉帳交 me/us of such 易,則 貴銀行可有權不經通知而撤銷執行此項授權之指令。			ice I/We hereby authorize Tai Fung Bank Limited (hereinafter referred to as "the Bank") to from my/our account specified below to the account of the institution (hereinafter referred ficiary"), the detail of which is specified below, such sum or sums as the Beneficary may se advise the Bank, notwithstanding that to do so may result in an overdraft or an increase on my/our account provided that the Bank will be entitled not to honour such payments account not contain the necessary funds and the Bank is under no obligation to notice event. If transfers are unable to be effected owing to insufficient funds in my/our said accounse cuttive times or if there is no transfer being effected in my/our said account for versions, the Bank may at its own discretion cease to comply with the instructions of this ithout prior notice to me/sus. Service charge of the Bank will be debited from my/our understand that I/We may query the bill with the Beneficiary at any time.		
時向受益人查詢帳單。 收款機構名稱(受益人): Name of party to be credited (The Ber	時向受益人查詢帳單。				
澳門樂施會 Oxfam in Macau 201-1-10050	• •				
CO. ID. 21040103 本人/吾等在銀行結單/存摺所紀錄之姓名 My / our Name as recorded on Bank Statement/Passbook:			捐款者姓名 Donor Name:		
	□港幣 HKD □澳門幣 MOP	本人/吾等之授權簽署 My / Our Authorized signature(s)			
聯絡電話 Phone no.:		申請日期 Applied Date			
此欄由樂施會及銀行填寫 For Official Use Only	由銀行填寫 For E				
樂施會檔案編號 (合同號碼) Debtor's reference:	核對資料及印鑑	核對資料及印鑑 Verifed 輸入資料 Entered 核對 Approved			

澳門宋玉生廣場 258 號建興龍廣場 18 樓 F 室 Alameda Dr. Carlos d'Assumpção, No.258, Praça Kin Heng Long, 18 Andar F, Macau 電話 Tel: (853) 2875 7750 傳真 Fax: (853) 2875 7667 澳門免費查詢熱線 Macau Toll Free Hotline: 0800809

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您所提供的資料將保密處理,只會被樂施會及受其委託的服務提供者用作捐款處理、寄發收據及有關捐款通訊用途。 為了與您緊密聯繫,向您匯報樂施會的扶貧、倡議及發展教育工作,以及籌募和活動資訊,樂施會及受其委託的服務提供者將會透過您提供的聯絡方法(包括姓名、電話、電郵及郵寄地址),為您提供通訊、籌募、義工招募及相關資訊,以及用作收集意見之用途。若您不願意收到上述資訊及資料,請在方格上加上剔號。□

The personal data collected will be treated as strictly confidential and will be used by Oxfam and its service providers for the purposes of donation administration, receipt

issuance and related communications.

To connect closely with you and to keep you informed of Oxfam's work against poverty as well as advocacy, development and fundraising progress, Oxfam Hong Kong and its service providers may use your contact information (name, telephone, email and address) for the purpose of communications, fundraising, volunteer recruitment and survey administration. If you would not like to receive such materials or communications, please tick the box.