## 「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) OXFAM Without Poverty
	姓名 Chinese name: 性別 Sex:
捐款者編號 Donor number :	身份証號碼 ID Card No.: (為免捐款者記錄重覆·煩請填寫·To avoid donor record duplication only.)
地址 Address:	
聯絡電話 Tel.:(日間 Day )(晚間 Eve	ening )
電郵 E-mail:	通訊語言 Language □ 中文 Chinese □ 英文 English
捐款方法 Donated by: 請選擇 🖂 信用卡	Credit Card 或 or 🛛 自動轉賬 Autopay
每月捐款額(澳門幣) Monthly Donation Amount MOP	
☐ 信用卡 Credit Card ☐ VISA ☐ MASTER ☐	UnionPay (請傳真至 Please fax to 853-28757667)
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 payment will become be processed around the 10th to 15th of every month. Monthly donation via credit card will continue upon
■ 自動轉賬表格 (只限中國銀行澳門分行戶口持	· 有人) (請郵寄正本至澳門樂施會 Please send back the original to Macau Office)
Autopay Authorization Form (For Bank Account holder of Bank of China Macau Branch)	
港幣捐款會兌換為澳門幣計算。All donations in HKD are con-	<del>-</del>
致:中國銀行 澳門分行本人(等)/本公司茲授權中國銀行澳門分行(以下簡稱 貴銀行)以下事項(以")"選擇所需項目):	To: BANK OF CHINA MACAU BRANCH  I/We hereby authorize Bank of China Macau Branch (hereinafter referred to as "the Bank") to act as per instruction(s) (marked with "\") below:  To effect transfers from my/our account specified below to the account of the institution (hereinafter
本人(等) /本公司於 貴銀行開立之賬戶(賬戶號碼附誌如下)內支取款項 繳付下述機構的捐款,直至另行通知為止。 □申請代付款;□修改代付款; 本人(等) /本公司知悉及遵守下述條款辦理:	referred to as "the Beneficiary"), details of which specified below. This authorization shall remain valid until further notice.  Application for debit authorization
1. 實銀行接到機構的付款通知即可支付·款項按機構所提供之金額扣除。 2. 如該賬款未能自本人(等)/本公司之銀行賬戶內支付·一切責任及後 果·概與 貴銀行無涉。	IWe further agree that:     The Bank may effect transfers from my/our said account such sum or sums as advised by the Beneficiary at any time with immediate effect.     Under no circumstances shall the Bank be held responsible for any consequence(s) as a result
3. 如有任何令授權書失效之變更·本人(等)/本公司/樂施會必須書面通知 貴銀行。 貴銀行在收到書面通知前:本授權書繼續有效。 但如本人 (等)/本公司之銀行賬戶連續三次因賬戶可用餘額不足而未能支付賬款:則貴銀行可有權不經通知而撤銷此項授權。	of unsuccessful transfer of fund(s) from my/our said account.  3. Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank. For 3 consecutive times, transfers are not effected due to no sufficient available fund in my/our said
4. 貴銀行有權徵收服務費用·並可由本人(等)/本公司之銀行賬內支付。 5. 銀行認為必要和適當時·不必通知或取得本人(等)/本公司同意有權將 有關的賬戶資料披露給其他機構。	account, the Bank may as its own discretion not to comply with or act further with this authorization without notice to me/us.  4. Service charge of the Bank will be debited from my/our said account.  5. The Bank may disclose details of my/our said account to any other third party if the Bank finds it
<ul><li>6. 本人(等)/本公司授權 貴銀行可根據自動扣賬當天 貴銀行所指定的 匯率將轉賬款項兌換成受益人指定之收款貨幣。</li><li>7. 本人(等)/本公司同意如由於本授權書並非直接交予 貴銀行以致本授</li></ul>	necessary and appropriate. 6. The Bank shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank. 7. If this "Debit Authorization Form" is not directly sent to the Bank, I/We agree to take all the legal
7. 华八(寺)/本公司问题知知於平坂推高並升且按文了,真誠引以致平坂權書所載之資料披露知此。由此引起之任何法律或其他經濟責任由本人(等)/本公司承擔概與 責銀行無涉。	or/and economical responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances your bank shall be responsible.
收款機構名稱(受益人): Name of party to be credited (The Benefi <b>澳門樂施會 Oxfam in Macau 01-01-20-840951</b>	ciary):
本人(等)/本公司之銀行戶口姓名 My / our Account Name:	本人(等)/本公司銀行戶口之簽署 My / our signature (s) as recorded at your bank
	港幣 HKD 澳門幣 MOP
此欄由樂施會及銀行填寫 For Official Use Only	由銀行填寫 For Bank use
樂施會檔案編號 (合同號碼) Debtor's reference:	
明宁工生度提 250 號建腳龍度提 10 樓 F 宏 Mamada Dr. Ca	rios d'Assumnção. No 258. Praca Kin Henri Long. 18 Andar F. Macau

傳真 Fax: (853) 2875 7667 澳門免費查詢熱線 Macau Toll Free Hotline: 0800809 電話 Tel: (853) 2875 7750

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