

**捐款者資料 Contact Information :** 日期 Date : \_\_\_\_\_

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

聯絡電話 Contact Tel No. : \_\_\_\_\_ 電郵 Email : \_\_\_\_\_

地址 Address : \_\_\_\_\_

## 信用卡每月捐款 Credit Card Monthly Donation

<input type="checkbox"/> Master Card <input type="checkbox"/> Visa Card	持咭人姓名 Name of Card Holder: _____	有效日期至 Expiry Date : _____
	(請以正楷填寫 Please write in block letter)	_____/_____ (月 Month / 年 Year)

信用卡號碼 Card Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

每月捐款金額 Monthly Donation : \$500 \$300 \$200 \$150 其他\$\_\_\_\_\_

持咭人簽署 Signature : \_\_\_\_\_

約每月 10 號過數

Transactions will normally be processed on or around the 10<sup>th</sup> day of the month.

## 銀行自動轉賬 Bank Autopay (自動轉賬授權書 DIRECT DEBIT AUTHORISATION)

收款之一方名稱 (收款人) Name of party to be credited <b>CTU Education Foundation Limited</b>	銀行編號 Bank No. <b>0 2 4</b>	分行編號 Branch No. <b>3 8 5</b>	收款賬戶之號碼 Account No. to be credited <b>3 3 8 5 6 1 0 0 1</b>
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- 本人(等)現授權下述之銀行(「該銀行」), 根據收款人不時給予該銀行之指示, 自本人(等)下述戶口轉賬予收款人, 但每次轉賬金額不得超過以下指定之限額。
- 本人(等)同意銀行毋須證實該等轉賬是否已通知本人(等)。
- 本人(等)確證在本授權書內之簽名, 與本人(等)下述戶口於該銀行簽署紀錄完全相同。
- 本人(等)同意如下述戶口並無足夠款項支付有關轉賬, 該銀行有權不予辦理且可收取有關之手續費用, 該等費用一概由本人(等)支付。
- 本人等同意取消或更改本授權書之任何通知, 須於取消或更改生效日最少兩個工作天之前交予該銀行。
- 本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。

- I/We hereby authorise my/our below-named bank (the "Bank") to effect transfer from my/our below-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- I/We confirm that my/our signature(s) on this authorization is/are the same as filed with the Bank for the operation of my/our below mentioned account to be debited for the transfer.
- I/We agree that should there be insufficient funds in my/our below-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to affect 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 the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.
- This authorization shall have effect until further notice or until the below given expiry date (which shall first occur).

### 任何塗改, 必須於塗改處加上簽名確認 Any alteration requires signature

本人(等)之銀行 My/Our Bank Name	本人(等)之賬戶號碼 My/Our Account No.
本人(等)在結單/存摺上所紀錄之名稱 My/Our Name as record on Statement/ Passbook	每月港幣捐款(請剔選) Limit for each month
中文姓名 Chinese Name: _____ 性別 Sex : _____	<input type="checkbox"/> \$500 <input type="checkbox"/> \$300 <input type="checkbox"/> \$200 <input type="checkbox"/> \$150
英文姓名 English Name: _____	<input type="checkbox"/> 其他 others : _____
到期日 (日/月/年) Expiry Date (Not Compulsory 可不填寫) D D M M Y Y	本人(等)之簽名 My/Our Signature(s) *必須與閣下銀行戶口簽名相同

約每月 10 號過數 Transactions will normally be processed on or around the 10<sup>th</sup> day of the month

閣下所提供的個人資料, 本會將絕對保密, 只用作郵寄收據及其他通訊之用。如閣下不欲接收郵寄資料, 請通知本會, 謝謝。

Your personal data will be treated as strictly confidential and will be used only for issuing receipts and other communication purposes. Please inform us if you do not wish to receive future mailing. Thank you.

此欄由職工盟教育基金及銀行填寫

支賬參考 Debtor's Reference	由銀行填寫 For Bank Use Only	Signature Verified
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