

## 國際培幼會

## 更改捐款戶口資料表格 Change of Donation Details Form

捐助者姓名 Donor Name	:							
捐助者編號 Donor ID	:							
聯絡電話 Contact No.	:							
□ 我願意補回早前未能成功 transaction(s): HK\$				nation	to cover	r the previous unsuccessful recurring		
更新捐款方法 Update Dona	tion Met	thod						
☐ 信用卡 Credit Card : □	VISA	☐ MASTER						
信用卡號碼 Credit Card Number			:					
持卡人姓名 Cardholder	:							
信用卡有效日期 Card E	:							
信用卡持有人簽署 Card	•	processed on or	around the	e 15th day o	of the month )			
·	卡有效期後人				-	e validity of this agreement will continue before or after		
□ 銀行戶口 Bank Account								
收款一方之名稱 (收款人)	銀行編號	分行約	<b></b>	收款賬戶之號碼				
Name of party to be credited (The Bene Plan International Hong K	Bankno.	Brand	h no.	Account No. to be credited				
國際培幼會有限公司			004	640		068318838		
本人(等)之銀行戶口姓名 (請以英文正楷 My/our full name(s) with my/our Bank (i	本人(等)之地址 My/our full address							
wy/our full flame(s) with my/our bank (i	II DIOCK Lett	eis)						
			-					
銀行及分行名稱 Bank and Branch name	e 銀	行編號 Bank no.	分行編號 Branc	h no.	本人(等)之	之儲蓄/往來戶口號碼 Savings / Current Account no.		
每次/月最高款限額 Maximum Limit for Each Payment / Month: HK\$		之身份證號碼 Account Holder	銀行戶口之簽名 Signature of Bank Account I		re of Bank A	Account Holder		
此欄不用填寫 For Official Use Only			ı					
捐款人編號 Debtor's reference	由銀行填寫 For Ba	由銀行填寫 For Bank use			簽名式樣 Signature Verified			
		4.10	Ma harahu autharim		ove named D	Poply to effect transfers from my/our account to that of the		

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。
2.本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。
3.如因該等轉賬而令本人(等)的戶口並無足夠款項支付該等授權轉賬,本人(等)的銀行有權不予轉賬,且銀行可收取慣常的收費,並可隨時以一星期書面通知取消本授權書。
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書而作出過賬的紀錄。本人(等)的程行保權和取消本直接付款安排而毋須另行通知本人(等),即使本授權書未到期或未有註明授權到期日。6.本人(等)同意,本人(等)即消或更改本授權書的任何通知,須於取消(更改生效日期農少兩個工作天之前交予本人(等)的銀行。

附註: 0.年入(守)周息,本人(守)成月或史以本及推音的任何成为,須水以月(史)以主双日》 最少兩個工作天之前交予本人(等)的銀行。 附註: 1. 本人(等)確認本人(等)在此表格上的簽署與本人(等)用以轉賬的戶口的簽署相同。 2. 捐款約每月9號過數。

1. I/We hereby authorize my/our above named Bank to effect transfers from my/our account to that of the above named beneficiary inaccordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker as correspondent from time to time provided always that the amount of any one such transfer shall and exceed the limit indicated above.

2. 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. 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. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.

5. This direct debit authorization shall have effect until further notice or until the expiry date written der such cancel the direct debit are controlled to the such cancel the direct debit are controlled to the such or account to me/us, even though the authorization has not expire or there is no expiry date for the authorization.

6. 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 is to take effect.

1. I/We confirm that my/our signature(s) on this application form is/are the same as that/those

enect.

Notes: 1. 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 Saving/Current Account to be debited for the transfer. 2. Transaction will normally be processed on or around the 9th of the month.

凡提交此表格,即表示您已閱讀及明白《個人資料收集聲明》,並同意聲明內有關國際培幼會有限公司收集及使用您個人資料的用途。 By submitting this form, you signify that you have read and understood the Personal Information Collection Statement, and you agree to the collection and use of your personal data for the purposes mentioned in the Statement by Plan International Hong Kong Ltd.

本人 □ 同意 / □不同意 將本人的個人資料用作聲明內有關直接營銷的用途及收取有關資料。
I □ agree / □ do not agree to the use of my personal data for direct marketing purposes as mentioned in the Statement and receive any related materials.







Personal Information Collection Statement



## 國際培幼會

補	甫回未能成功轉賬捐款表格	格 Donation for Unsuccessful Recurring Transaction(s) Form	
捐	局助者姓名 Donor Name :		•
捐	局助者編號 Donor ID :	:	
舽	総配話 Contact No. :	:	
	] 我願意補回早前未能成功 recurring transaction(s):	轉賬的捐款 I would like to make a donation to cover the previous unsuccess HK\$港元	ful
其	其他捐款方法 Donation Met	thods	
	Payable to "Plan Internation	eque (抬頭請寫「國際培幼會有限公司」,支票背面請註明「捐助者糺 tional Hong Kong Limited" and write "Donor ID" at the back) <sup>培幼會。</sup> Please send your cheque together with this donation form to Plan International HK	
		t Transfer (匯豐銀行戶口 HSBC Bank account: <b>640-068318-838</b> ) 、傳真或郵寄至國際培幼會。Please send your bank-in slip together with this donation form t	to us by
	以您的8位數字已登記之即 account holders can dial	B033或登入 www.ppshk.com 捐款。請輸入國際培幼會的商戶編號「 <b>6359</b> 聯絡電話號碼作為「賬單號碼」,然後選擇「 <b>01 一般捐款</b> 」。PPS regi 18031 or visit www.ppshk.com. Please key in Plan's merchant code " <b>635</b> 9 none number as the "bill number" and select " <b>01 General Donation</b> ".	stered
		<b>費 Circle K / VanGO Payment</b> 便利店繳費 Please use the barcode below for payment	
	9999 6800 1000 1198	8 56	
	請連同付款收據及此表格電郵、 Plan International Hong Kong b	、傳真或郵寄至國際培幼會 Please send your payment receipt together with this donation by email, fax or mail.	form to
	使用PayMe付款時·請於訊息 寄至國際培幼會。Please ento	Please scan the below QR code for payment. 息欄填寫捐款者資料(捐助者編號、英文姓名、聯絡電話及電郵地址),繳款後截圖並電郵、傳 iter your information (Donor ID, English name, telephone number and email address) in enshot of the transaction details with this donation form to Plan International Hong Kong by	PayMe

## 國際培幼會有限公司 Plan International Hong Kong Limited

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