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Description automatically generated**自動轉賬奉獻申請表Donation by Direct Debit Request Form**

請填妥並寄回此表格至香港九龍佐敦吳松街191號突破中心3樓 恩光書院收。

Please return the completed form to Lumina College, 3/F Breakthrough Centre, 191 Woosung St, Jordan, Hong Kong.

**奉獻者資料Donor’s information**

❏ 這是我首次支持恩光書院。This is my first time supporting Lumina College.

❏ 我曾奉獻恩光書院。I have donated to Lumina College before.

姓名Name (中文): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (English): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

（教會/團體/先生/小姐/女士）(Church/Organization/Mr/Ms/Mrs)

中文郵寄地址Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

聯絡電話Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 電郵Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

簽署Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**我願意奉獻支持（可多於一項）  
I would like to designate my monthly donation to (can choose multiple):**

❏ 學術課程 Academic programs HK$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ 獎學金 Scholarships HK$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ 日常營運 General operation HK$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**奉獻方式 (以下方式只選其一) Donation methods (please pick one)**

❏ 信用卡奉献Credit card: ❏ ー次過One-time gift

❏ 每月定期，為期至Monthly, till \_\_\_ (月/mo.) \_\_\_\_\_ (年/yr.)

信用卡：Credit card: ❏ VISA ❏ MasterCard

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

有效日期：Valid until: \_\_\_\_\_\_\_\_\_

卡主英文姓名：Name of card holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

卡主簽署：Signature of card holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**❏ 每月轉賬Monthly Autopay**

❏ 003 渣打銀行Standard Chartered Bank ❏ 012 中國銀行（香港）Bank of China (Hong Kong)

❏ 004 香港上海匯豐銀行HSBC ❏ 024 恒生銀行Hang Seng Bank

**注意事項Notes**

1. 此授權書於台端寄回本書院後約一個月生效。  
   This direct debit authorization will be effective next calendar month or later, after we receive this form.
2. 此授權書會一直生效直至另行通知為止或直至台端在「銀行戶口每月自動轉賬授權書」內所填寫的到期日期為止（以兩者中最早之日期為準）。  
   This Direct Debit authorization is in effect until our notice or until your stated expiry date in the Bank Monthly Direct Debit Authorization Form is reached, whichever comes first.
3. 台端奉獻金額將於每月第十五個工作天轉服往本書院之銀行戶口。  
   The Direct Debit instruction will be executed on the 15th working day every month.
4. 請確保台端在「銀行戶口每月自動轉賬授權書」之簽署與銀行的簽署完全相同。   
   Please ensure that you sign the Bank Monthly Direct Debit Authorization Form in the way you would usually sign on your debiting bank account.
5. 如有任何查詢，請聯絡本書院，電話：3622 1724.   
   For enquiries, please contact Lumina College at 3622 1724.
6. 閣下所提供的資料，只用作寄發收據、通訊、本書院內部記錄及日後聯絡之用。歡迎閣下日後向本書院查詢或提出修訂個人資料的需要。   
   All information provided will be used for issuing receipts, newsletters, internal records and future correspondence only. Further enquiries or request change of personal data are welcome.
7. 表格上如有任何塗改，請在旁簽署。  
   Please sign against any alterations you make on the form.
8. 奉獻港幣壹佰圓或以上，可憑收據獲稅項寬減。  
   Donation over HK$100 is tax deductible with official receipts.

* 本人（等）現授權本人（等）的下述銀行，（根據收款人或其往來銀行及/或代理不時給予本人（等）銀行的指示）自本人（等）的戶口內轉賬予上述收款人。惟每次金額不得超過以下指定的限額。
* 本人（等）同意本人（等）的銀行毋須證實該轉張通知是否已交予本人（等）。
* 如因該等轉脹而令本人（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。
* 本人（等）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。
* 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（以兩者中最早的日期為準）。本人（等）同意如本人（等）已設立的銀行戶口每月自動轉賬授權書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），即使本授權書並未到期或未有註明授權到期日。
* 本人（等）同意，本人（等）取消或更改本授權書的任何通知，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。

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Description automatically generated**銀行戶口每月自動轉賬授權書**

**Bank Monthly Direct Debit Authorization**

|  |  |  |  |
| --- | --- | --- | --- |
| 收款的一方（收款人）  Name of Party to be Credited (the Beneficiary)  Lumina College Limited | 銀行號碼  Bank No.  004 | 分行號碼  Branch No.  819 | 戶口號碼  Account No.  773649-838 |

We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions 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 below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

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).

I/We agree that should there be insufficient funds in my 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. This direct debit authorization shall have effect until further notice or until the expiry date written below (whichever shall occur first).

I/We agree that if no transaction is performed on my/our account under such authorization 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 authorization has not expired or there is no expiry date for the authorization.

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/variation is to take effect.)

|  |  |  |  |
| --- | --- | --- | --- |
| 本人（等）的銀行及分行的名稱My/Our Bank Name and Branch | | | |
| 銀行號碼Bank No. | 分行號碼Branch No. | | 本人（等）的戶口號碼  My/Our Account No. |
| # 本人（等）在結單/存摺上所紀錄的名稱  # My/Our Name(s) as recorded on Statement/Passbook | | | 聯絡電話號碼  Contact Telephone No. |
| 本人（等）在結單/存摺上所紀錄的地址  My/Our Addresses as recorded on Statement/Passbook | | | |
| \*+每月付款的限額  \*+Limit for each month | | + 到期日（日/月/年）  +Expiry date (day/month/year) | |
| #付款人名稱（若非戶口持有人）  # Name of Debtor (if other than Account Holder) | | +支賬參考（由本機構填寫）  + Debtor’s Reference (for Lumina College use only) | |
| +本人（等）的簽署 +My/Our Signature(s)  **X** | | 日期Date | |
| **銀行專用FOR BANK USE ONLY** | | 簽名核實**Signature(s) verified** | |

**＃請以英文正楷填寫。**

**\*如付款人同時支持「恩光書院」多於一項奉獻項目，請於銀行戶口每月自動轉脹授權書「每次/月付款的限額」欄填上支持金額的總數。如支持第一項目是HK$100，第二項是HK$200，在此欄上即填上HK$300。（此欄亦可不填，以便日後有所更改。本機構會以閣下申請表上的資料過數。）**

**+ 附註：**

1. 如台端付款的數額每次可能不相同，則請將最高者定為每次付款的最高限額
2. 如授權書將於「到期日」一欄中所填寫的日期自動撒銷。如貴戶意欲直接付權書無限期有效（或直至貴戶撤銷為止），則請將該欄留空
3. 請保證貴戶在此授權書內的簽名，與銀行戶口所簽者完全相同
4. 如「每次/月付款的限額」一欄未有填上，付款銀行會將轉眼限額定為「不設上限」

# Please write in BLOCK LETTERS.

\* If you, at the same time, are supporting more than one designations at Lumina College, please indicate the total donation amount in the column "Limit for each month" of the Direct Debit Authorization, e.g. if you are supporting Designation A at the amount of HK$100, and supporting Designation B at the amount of HK$200, then please indicate the total of HK$300. (You may also leave this column blank for possible changes made in future. We will debit your account according to the information you provide on your application form.)

**+ Notes:**

1. If the amount of your payments is likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
2. This Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
3. Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
4. If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".