



極地同行 每月捐款計劃 (銀行賬戶自動轉賬授權書)

WHEEL FOR ONENESS MONTHLY DONATION (Direct Debit Authorization Form)

我願意每月捐款，支持極地同行推廣傷健共融及青少年德育培訓服務發展用途。

I would like to make a regular monthly gift to support promoting social inclusion and moral education of youth

每月 per month \$200
 支援約 30 名本地 3 歲以上幼童體驗手語，認識聽障人士的極地。
 Support about 30 locals young people who aged over 3 years old to experience sign language in order to know to world of hearing impaired.

每月 per month \$300
 讓約 200 名本地中小學生接受青少年德育培訓課程，提升免疫力及培養同理心。
 Support about 200 primary and secondary students to take moral training lessons in order to enhance their resilience and cultivate their compassion.

每月 per month \$500
 協助 40 名傷殘和健全人士利用越野人力車暢遊郊野，發揮傷健同行力量。
 Help about 40 disabled and able-bodied people is rickshaws to travel in the countryside as a way to exert the power.

其他每月金額 Other amount: _____。
 捐款港幣一百元或以上可扣減稅款 Donations of HK\$100 or above are tax deductible.

捐款者資料 DONOR'S INFORMATION

英文姓名 Name in English: _____ 中文姓名 Name in Chinese: _____ 男 M 女 F

聯絡電話 Contact No.: _____ 電郵 Email: _____

地址 Address: _____ (室 Flat/Room) _____ (樓 Floor) _____ (座 Block/Tower) _____ (大廈 Building) _____ (地區 District) _____ 香港 HK / 九龍 KLN / 新界 NT

出生日期 Date of Birth: _____ (日 D / 月 M / 年 Y) 身份證號碼 ID No.: _____ ()

如填寫可避免資料重複 Optional, for avoiding duplication of records

通訊語言 Preferred Language: 中文 / English

對你個人私隱保障的承諾: 我們絕不會出售或與任何公司/機構交換你的個人資料。你所提供的資料絕對保密，只會被極地同行有限公司及我們委託的服務提供者用作捐款處理、收據發送及與捐款相關的通訊用途。所有資料的使用均嚴格遵守我們不時更新的私隱聲明，詳列於我們的網站 <https://wheelforoneness.org/> 為與你保持聯繫，我們可能會使用你的個人資料，向你提供極地同行(有限公司)的資訊及活動消息、發出籌款呼籲及收集意見。你可以隨時以郵寄方式或電郵至 donate@wheelforoneness.org 通知我們停止接收有關資訊。

我不願意收到上述有關極地同行有限公司的通訊及資料。

Our promise to protect your privacy: Wheel for Oneness Limited promise not to sell, share or swap your personal information with any other company/ organisation. The information you provide will be treated as strictly confidential and used in accordance to our prevailing Privacy Policy, found on our website <https://www.wheelforoneness.org> In order to stay in contact with you, we may use your personal information to inform you about WFO's relief work and activities, and conduct fundraising appeals and surveys. You may opt out to receive such information by contacting us via post or email: donate@wheelforoneness.org

I do not wish to receive such materials and communications from WFO.

銀行戶口資料 BANK ACCOUNT INFORMATION

請填妥以下直接付款授權書，並將正本寄回香港銅鑼灣高士威道 8 號 17 樓 極地同行有限公司。
 Please complete the Direct Debit Authorization form below and post the original copy to Wheel for Oneness Limited .

網址 Website | <https://www.wheelforoneness.org>
 地址 Address | 香港銅鑼灣高士威道 8 號 17 樓 極地同行(有限公司)。

Name of party to be credited (the Beneficiary) 收款之一方 (受惠機構) 極地同行有限公司 Wheel for Oneness Limited	Bank No. 銀行編號 004	Branch No. 分行編號 Account No. to be credited 收款賬戶之號碼 741-129-555-838
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My/Our Bank Name and Branch 本人 / 吾等之銀行及分行之名稱 _____ Bank No. 銀行編號 _____ Branch No. 分行編號 My/Our Account No. 本人 / 吾等之賬戶之號碼: _____

My/Our Name as recorded on Statement/Passbook 本人 / 吾等在結單 / 存摺上所紀錄之名稱 _____

My/Our Address as recorded on Statement/Passbook 本人 / 吾等在結單 / 存摺上所紀錄之地址 _____

HKID No. 香港身份證號碼 _____ Limit for each Monthly Payment 每月付款之限額 _____ My/Our Signature(s) (as signed for bank account) 本人 / 吾等之簽名 (銀行戶口簽名) _____ Date 日期 _____

For official use only 此欄由本會職員填寫

WFO Debtor Reference Number 極地同行有限公司債務人參考 _____	For Bank Use 供銀行專用 _____	Signature Verified 簽名式樣核對 _____
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I/We hereby authorize my/our above named Bank to effect transfers from my/our account to that of the named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not 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 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 authorised, 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 authorisation at any time on one week's written notice. 5. This authorisation shall have effect until further notice. 6. I/We agree that any notice of cancellation or variation of this authorisation 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. 7. 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 Savings/Current Account to be debited for the transfer.

本人/吾等現授權本人/吾等之上述銀行，根據受惠機構或其往來銀行不時給予本人/吾等銀行之指示，自本人/吾等之賬戶內轉賬予上列之受惠機構。惟每次轉賬金額不得超過以上指定之限額。2. 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。3. 如因該等轉賬而令本人/吾等之賬戶出現透支或令現時之透支增加，本人/吾等願共同及各別承擔全部責任。4. 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。5. 本授權書將繼續生效直至另行通知為止。6. 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。7. 本人/吾等確認本人/吾等在此表格上的簽署與本人/吾等用以轉賬的戶口的簽署相同。

注意事項 Note:

- 銀行處理首次捐款需時約兩個月。捐款於每月第二個工作天過數。It takes around two months for the bank to process your first donation. Donations through direct debit are processed on the 2nd working day of each month.
- 如欲即時捐款，可連同表格一起寄上支票，抬頭請寫「極地同行有限公司」。If you would like to donate immediately, cheque can be made payable to "Wheel for Oneness Limited".
- 請寄回表格正本，表格上的資料如有任何更改，請在旁簽名以示確認。Only original form can be accepted. Please sign against any amendment(s) / correction(s).

感謝您的慷慨捐助! Thank you for your generosity!
 捐款熱線 Donation Hotline | (852) 3795 5233 電郵 Email | donate@wheelforoneness.org