

致:長者安居協會
To: Senior Citizen Home Safety Association

信用卡每月自動轉賬服務授權書

CREDIT CARD MONTHLY AUTOPAY SERVICE AUTHORIZATION FORM

信用卡付款 By Credit Card																					
信用卡 Credit Card	<input type="checkbox"/> Visa / <input type="checkbox"/> Master																				
每次付款之最高限額 Limit for Each Payment																					
服務使用者姓名 Service User Name																					
賬戶編號 Account No.																					
持卡人姓名 Card Holder' s Name																					
持卡人之聯絡電話號碼 Card Holder' s Contact No.																					
信用卡號碼 Credit Card Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
有效日期 Expiry Date	需於六個月內有效 Should be valid for the next six months <table border="1" style="float: right;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table> (MM/YY)																				
繳款細則 Details of payment																					
<p>本人現授權予長者安居協會(“協會”)將上賬戶編號內所登記的所有有關費用定期於每月15至20號從上述信用卡賬戶內收取，直至另行通知為止。 本人明白如要取消或更改本授權書，本人需於取消或更改生效日期前10個工作天內致電通知協會。</p> <p>I hereby authorize Senior Citizen Home Safety Association (“SCHSA”) to debit all related fees due for services registered under the above account from the above credit card account on 15th to 20th day of every month, until further notice. I understand that notice of cancellation or variation of this authorization shall be given to SCHSA ten working days before the date on which such cancellation or variation to take effect.</p>																					
信用卡持有人簽名: Cardholder' s Signature:	日期 Date																				

請按以下途徑提交表格:

- 1) 傳真至: 2306 1031 2) 電郵至: fin_dept@schsa.org.hk
3) 郵寄至: 香港九龍何文田愛民廣場二樓 S2 (財務部)
如對上述事宜有任何查詢，請致電客戶服務熱線 2952 7308。

Submission Methods:

- 1) By Fax: 2306 1031 2) By Email : fin_dept@schsa.org.hk
3) By Post: S2, 2/F, Oi Man Plaza, Homantin, Kowloon, Hong Kong. (Finance Department)
Please contact us at our customer service hotline 2952 7308 if you have any enquiry.