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|  | （殘疾人士院舍名稱） |
| **住客銀行帳戶結存紀錄** |

（適用於住客或其監護人／保證人／家人／親屬委託殘疾人士院舍代其提取住客的銀行存款）

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| **住客姓名** | **身份證號碼** | **銀行名稱** | **帳戶號碼** |
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| **日期** | **住客／委託人#****簽署** | **存款****金額** | **提款****金額** | **結餘** | **負責職員****姓名及簽署** | **見證職員****姓名及簽署** | **存款／提款****目的** |
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#委託人指住客的監護人／保證人／家人／親屬

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| **核對人簽名** | **核對人姓名** | **核對人職位** | **核對日期** |
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