

我願意每月定期捐款支持社協推動民權工作，攜手建立仁愛公義的社會！

I agree to donate SoCO monthly to support its work.

捐款者資料：（所有資料將保密處理，作為寄發收據及通訊用途）

(The personal data collected will be treated as strictly confidential and will be used only for issuing receipts and internal communication.)

中文姓名 Chinese name: _____ 英文全名 (姓) Surname: _____ (名) First Name: _____

身份證號碼 HKID: _____ (只用作核對捐款者紀錄之用 For verification of donors' identity only) 性別 Sex: _____

電話 Tel: (日間 Day) _____ (夜間 Evening) _____ 電郵 E-mail: _____

地址 Address: _____

年齡 Age: 24 歲或以下 24 or Below 25 至 39 歲 25-39 40 至 59 歲 40-59 60 歲或以上 60 or above教育程度 Educational attainment: 小學或以下 Primary or below 中學 Secondary 專上課程 Post-secondary 大學 University 碩士或以上 Master or above月薪 Monthly salary: 少於一萬 Below \$10,000 \$10,000 - \$29,999 \$30,000 - \$49,999 五萬或以上 \$ 50,000 or above從事行業 Industry: 社會服務 Social service 法律界 Legal service 醫療服務 Medical service 傳媒 Media 教育 Education 商業 Business 其他 Others (請註明 please specify: _____)社協將定期與你分享本會的工作，請選擇收取資料方法： 電郵 郵寄We would like to send you information about our work, please select means of receiving information: E-mail Post**直接付款授權書 Direct Debit Authorization Form (請郵寄正本 Please send back the original)**

收款的一方 (收款人) Name of Party to be Credited (The Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No.
Society for Community Organization Ltd.	004	017	153412-001

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下指定的限額。

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)。

如因該等轉賬而令本人(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。

本直接付款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)已設立的直接付款授權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。

I/We hereby authorize my/our below named Bank of 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/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.

This direct debit authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). 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.

表格內如有任何塗改，請於塗改處加上簽名確認 Any alteration requires signature

本人(等)在結單/存摺上所紀錄的名稱 My/Our Name(s) as recorded on Statement/Passbook	授權日期：日 / 月 / 年 Authorized Date: day / month / year		
本人(等)的銀行名稱 My/Our Bank Name	銀行號碼 Bank No.	分行號碼 Branch No.	港幣儲蓄/往來戶口號碼 Savings/Current Account No. (HKS)
每月港幣捐款限額 (香港居民捐款可憑收據申請稅務寬減) Monthly Amount Limit (HK residence donations are tax-deductible with official receipt) <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> 其他 others: \$ _____	本人(等)在儲蓄/往來戶口紀錄的簽署 My/Our Signature (s) as on Statement/Passbook		

此欄由社協及銀行填寫 For Official Use Only

檔案編號 Debtor Reference	以下由銀行填寫 For Bank Use Only	Signature Verified
-----------------------	---------------------------	--------------------

地址：九龍何文田公主道 52 號三樓 Address: 3/F, 52 Princess Margaret Road, Homantin, Kowloon, Hong Kong.

電話 Tel: (852) 2713 9165 傳真 Fax: (852) 2761 3326 網頁 Website: http://www.soco.org.hk 電子郵件 e-mail address: soco@pacific.net.hk

facebook: https://www.facebook.com/pages/香港社區組織協會-Society-for-Community-Organization/348313531969152