

感謝您的慷慨支持！請將已填妥的表格郵寄至：香港上環德輔道中 317-319 號啟德商業大廈 11 樓 1104A 室 心靈力量有限公司（財務委員會收）。
Thank you for your generous support! Please mail the completed form to: Soul Alliance Limited, Unit 1104A, 11/F, Kai Tak Commercial Building, No. 317-319 Des Voeux Road Central, Hong Kong (Attention: Finance Committee).

捐款人資料 Donor's Information (請以正楷填寫，並於適當方格內加上✓號 Please write in BLOCK letters, and mark ✓ where appropriate)

先生 Mr. 英文姓名 (姓) (名) 中文姓名
English (Last) (First) Chinese Name:

女士 Ms. Name: (Last) (First) Chinese Name:

聯絡電話 () 電郵
Telephone No.: Email:

通訊地址
Correspondence Address:

香港島 Hong Kong Island
 九龍 Kowloon
 新界 New Territories
 離島 Islands

捐款資料 Donation Information (請以正楷填寫，並於適當方格內加上✓號 Please write in BLOCK letters, and mark ✓ where appropriate)

每月捐款人士可獲發年度捐款收據。凡捐款 100 港元或以上，可憑收據申請扣稅。An annual donation receipt will be issued to monthly donors. Donation of HK\$100 or above is tax deductible.

每月捐款金額 Monthly Donation Amount:

100 港元 (HKD) 300 港元 (HKD) 500 港元 (HKD) 其他金額 Other amount: _____ 港元 (HKD)

自動轉賬直接付款授權 Autopay Direct Debit Authorisation:

在一般情況下，本機構將於收到您的直接付款授權設立申請表當月處理您的申請。捐款約於每月 5 至 10 日過戶，首次過戶可能會於月底進行。倘捐款屆時並未成功過戶，本機構將於該月底再作嘗試。Your Direct Debit Authorisation setup request will normally be processed in the same month upon receipt of your form. Monthly donation will normally be transacted around 5th to 10th of each month, while the first transaction may be transacted at the end of the month. If the first attempt is unsuccessful, a second attempt will be processed at the end of the month.

收款方名稱 (收款人) Name of Party to be Credited (The Beneficiary) 心靈力量有限公司 SOUL ALLIANCE LIMITED	銀行編號 Bank No. 0 0 4	分行編號 Branch No. 0 2 3	賬戶號碼 Account No. 6 6 0 0 2 0 8 3 8
本人 (等) 之銀行及分行名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人 (等) 之賬戶號碼 My/Our Account No.
本人 (等) 於結單 / 存摺所記錄之姓名 My/Our Name(s) as recorded on Statement/Passbook	香港身份證 / 護照號碼 HKID/Passport No.		
本人 (等) 於結單 / 存摺所記錄之地址 My/Our Address as recorded on Statement/Passbook			
Declaration 聲明			
1. 本人 (等) 現授權本人 (等) 的上述銀行 (該「銀行」)，根據上述收款人及 / 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) 的賬戶轉賬予收款人。I/We hereby authorise my/our above-named Bank (the "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.			
2. 本人 (等) 同意，本人 (等) 的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人 (等)。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us.			
3. 如因該等轉賬而令本人 (等) 的賬戶出現透支 (或令現時的透支增加)，本人 (等) 願共同及個別承擔全部責任。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. 本人 (等) 明白，本人 (等) 須在轉賬日期 (如收款人及 / 或其往來銀行及 / 或代理行不時給予本人 (等) 銀行的指示所訂明) 前一個營業日的分行辦公時間內，在賬戶內備有足夠款項以便支付本表格所授權之轉賬。本人 (等) 並同意，倘本人 (等) 賬戶的款項不足以支付本表格所授權之轉賬，本人 (等) 的銀行有絕對酌情權不予轉賬，且本人 (等) 的銀行可收取慣常收費，並可隨時取消該等授權轉賬而毋須通知本人 (等)。為避免疑問，銀行可隨時自行決定取消該等授權轉賬，而不作事先通知。I/We understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice.			
5. 本直接付款授權將一直有效，直至另行通知為止。This direct debit authorisation shall have effect until further notice.			
6. 本人 (等) 同意，本人 (等) 為取消或更改本授權而發出的任何通知，須於取消 / 更改生效日前最少兩個工作天直接交予本人 (等) 的銀行，並同時通知心靈力量有限公司。I/We agree that any notice of cancellation or variation of this authorisation shall be given to my/our Bank directly at least two working days prior to the date on which such cancellation/variation is to take effect, and at the same time notice should be given to Soul Alliance Limited.			
7. 銀行可根據其不時規定之收費，自本人 (等) 上述賬戶收取設立 / 更改指示之費用。The Bank may charge an instruction setup/ amendment fee from my/our account stated above in accordance with the rates as specified by the Bank from time to time.			
8. 如上方所提供資訊出現任何錯誤或遺漏，本人 (等) 共同及個別承擔全部責任。I/We jointly and severally accept full responsibility for any incorrect or missing information given above.			

使用個人資料 Use of Personal Information

閣下的個人資料將予保密，僅作發放本機構資訊及簽發捐款收據用途。收集及使用個人資料乃受〈私隱政策聲明〉所約束，詳情請瀏覽本機構網頁 www.salhk.org。
若 閣下不願意接收心靈力量資訊，請於下方空格內加上✓號。Personal data collected will be kept strictly confidential and only used for communications and issuance of donation receipt. The collection and use of personal data is bound by the Privacy Policy Statement. For details, please refer to our website at www.salhk.org. Please tick the box below if you do not wish to receive information from us.

本人不願意接收心靈力量資訊。I do not wish to receive information from Soul Alliance Limited.

本人 (等) 簽署 My/Our Signature(s) (須與銀行賬戶紀錄上之簽名一致 Signature of holder(s) as recorded for the bank account)

日期 Date

此欄由本機構職員填寫 For official use only		銀行專用 For Bank Use	
付款人 (捐款人) 參考編號 Debtor (Donor) Ref. No.	收件日期 Date of Receipt	備註 Remarks	