

Part I 第一部份

The Community Chest of Hong Kong - General Donations

香港公益金一般捐款計劃

App 5

更改/取消信用咭付款授權書 Alteration / Cancellation of Credit Card Payment Authorization

I hereby authorize my bank to debit my credit card account to	make a monthly donation of HK\$ to
The Community Chest of Hong Kong until further notice.	
本人現授權銀行於本人信用咭賬戶內支付港幣元作	為公益金的每月捐款直至另行通知。
Credit Card Payment Authorization 信用咭付款授權書	
Name of Credit Card Holder (Please fill in the English Name used on credit card): 信用咭持有人姓名(請填上信用咭上之英文姓名)	Credit Card Account No. 信用咭號碼:
Address 地址 :	Type of Credit Card 信用咭類別 : □ VISA □萬事達 MasterCard □美國運通 AMERICAN EXPRESS
Contact Telephone 聯絡電話:	Issuing Bank 發咭銀行:
Signature of Cardholder 信用咭持有人簽署	Card Expiry Date 有效日期至:
簽署必須與上述信用咭戶口簽名式樣相同 (Signature should correspond to specimen signature of above specified credit card account)	Date 日期
For Office Use Only	
Authorization Code:	Date of authorization :
Official receipt for your annual contribution will be issued at the end of each fir 正式收據將於每年財政年度完結前寄給 閣下	scal year, to save resources, unless otherwise specified by donor. ,以節省資源(特別指示除外)。
Part II 第二部份 <u>Cancellation</u> of Credit Card Payment <u>取消</u> 信用咭付款	
本人,, 欲申請 <u>取消</u> 經由信用咭授權對香河 (捐款人姓名,請以正楷填寫)	(每月捐款金額)
(信用咭號碼 :),生效日期由	°
Please be informed that I,	, would like to cancel my direct debit of
HK\$ through my Credit Card (Credit Card No.	
(Monthly donation amount) contribution to The Community Chest of Hong Kong with effective to	from (Date)
Cardholder's signature : Co	ontact Telephone :
□ Data collected will be used to keep you up-dated with the Community Chest's activities. If you do not send this form to the Chest office by mail.	want to receive information on the Chest's future activities, please check the box and

公益金將會用上述資料與 閣下保持聯絡,定期介紹公益金的活動。如 閣下不願繼續收到公益金的活動資料,請於方格內加上√號,寄回公益金辦事處。