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同心圓 敬拜福音平台
簡便回郵 62號 KEA FREEPOST NO. 62 KEA

• 使命宣言 Mission statement •

同心敬拜 · 興旺福音

One Circle · One Worship

• 使命 Mission •

「同心圓敬拜福音平台」承擔起「山上敬拜、山下服侍」的差會使命，竭力為神建立一個同心合一的福音平台，藉著音樂敬拜、青年造就、社區關懷和海外宣教的四個主要導向，與眾教會在普世禾場中攜手合作，使萬民作主的門徒。

ONE CIRCLE carries the vision of a missions organization with the motto

"We Worship, We Serve". We strive to foster a missionary platform that joins hands with churches in Hong Kong and across the world to spread the gospel through praise and worship, youth discipleship, community outreach and overseas mission.



我每逢想念你們，就感謝我的神；因為從頭一天直到如今，你們是同心合意地興旺福音。我深信那在你們心裡動了善工的，必成全這工，直到耶穌基督的日子。腓立比書1:3-5-6

I thank my God every time I remember you because of your partnership in the gospel from the first day until now being confident of this, that he who began a good work in you will carry it on to completion until the day of Christ Jesus. Philippians 1:3-5-6

tel.: (852) 3955 3955 fax: (852) 2314 9909 add: rm606, 6/F Sunbeam Center, 27 Shing Yip St., Kwun Tong, Hong Kong email: info@onecircle.org.hk web: www.onecircle.org.hk

自動轉賬奉獻申請表 Donation by Direct Debit Request Form

奉獻者資料 Donor's Information

這是我首次支持同心圓 This is my first time to support One Circle.
 奉獻者編號 (Donor ID) _____

姓名 Name : (中文) _____ (Eng) _____
(教會/團體/牧師/傳道/先生/小姐/女士) (Church/Organization/Rev/Pastor/Mr/Miss/Mrs)

中文郵寄地址 Address: _____

聯絡電話 Tel: _____ 電郵 Email: _____

簽署 Signature : _____ 日期 Date : _____

我願意奉獻支持 I would like to designate my monthly donation to:

中央事工經費 General Ministry Fund : _____ HK\$ _____

行政及經常開支 General & Administrative Expense : _____ HK\$ _____

薪金 Salary HK\$: _____ 同工姓名 Name _____

附屬事工經費 Ministry Expenses :

敬拜音樂事工
TWS 敬拜者使團 _____ HK\$ _____

敬拜關懷事工
One Circle Care 水深火熱 _____ HK\$ _____

敬拜青年事工
GLOW 敬拜青年 _____ HK\$ _____

敬拜宣教事工
One Circle Missions _____ HK\$ _____

敬拜兒童事工
SeeK 敬拜小羊 _____ HK\$ _____

其他
Others _____ HK\$ _____
(請註明 Please Specify)

收據 (Receipt) 不要 (Don't Need) 按次 (Every Single Time) 年度 (Annual)

奉獻總額
Total Amount: \$ _____

奉獻方式 Donation Methods (以下方式只選其一 Please pick one of the methods.)

信用卡奉獻 Credit Card : 一次過 (One-off) 每月定期, 為期由 _____ 月 _____ 年至 _____ 月 _____ 年
(By monthly, from (Month) (Year) till (Month) (Year))

信用卡 : VISA MASTERCARD 信用卡號碼 : _____ - _____ - _____ 有效日期 : _____ 月 _____ 年
(Credit Card) (Card Number) (Valid Period) (Month) (Year)

卡主英文名姓 : _____ 卡主簽署 : _____
(Name of Card Holder) (Signature of Card Holder)

銀行戶口每月轉賬 Monthly Autopay

003 渣打銀行 STANDARD CHARTERED BANK

012 中國銀行 (香港) BANK OF CHINA (HONG KONG)

004 香港上海滙豐銀行 HSBC

024 恒生銀行 HANG SENG BANK

注意事項 Notes :

- 此授權書於 台端寄回本會後約一個月生效。
This Direct Debit authorization will be effective the next calendar month or later after we receive this form.
- 此授權書會一直生效直至另行通知為止或直至 台端在「銀行戶口每月自動轉賬授權書」內所填寫的到期日期為止 (以兩者中最早之日期為準)。
This Direct Debit authorization is in effect until our notice or until your stated expiry date in the Bank Monthly Direct Debit Authorization Form is reached (whichever reaches first).
- 台端奉獻金額將於每月的20號轉賬往本會之銀行戶口。(若當天不是銀行工作天, 銀行將會在下一個工作天過數。)
The Direct Debit instruction will be executed on the 20th calendar day every month. (If the 20th falls on a non-business day, the transaction will be executed on the following business day.)
- 請確保 台端在「銀行戶口每月自動轉賬授權書」之簽署與銀行的簽署完全相同。
Please ensure that you sign the Bank Monthly Direct Debit Authorization Form in the usual way that you would sign on your debiting bank account.
- 請於「銀行戶口每月自動轉賬授權書」中之「支賬參考」一欄不用填寫。
Please leave the Debtor's Reference field of the Bank Monthly Direct Debit Authorization Form blank.
- 如有任何查詢, 請聯絡本會會計部同工, 電話: 3955 3955。
For any enquiry, please contact our Account Staff at 3955 3955.
- 若 台端欲以自動轉賬方式支持多於一位同工或事工, 只需填寫一份授權表格。
You can support more than 1 ministries or staff with this Direct Debit Instruction Form.

以上資料只用作寄發收據、通訊、本會內部記錄及日後聯絡之用。歡迎閣下日後查閱、提出修改或修定閣下的個人資料。
All information provided will be used for issuing receipts, newsletters, internal records and future correspondence only.
Further enquires or request change of personal data are welcome.

**表格上如有任何塗改, 請在旁簽署。
Please sign against any alternations you make on the form.

奉獻滿港幣壹佰圓或以上, 憑奉獻收據可獲稅務寬減。
Donation over HK\$100 is tax deductible with official receipts.

銀行戶口每月自動轉賬授權書 BANK MONTHLY DIRECT DEBIT AUTHORIZATION

收款的一方 (收款人) Name of Party to be Credited (The Beneficiary)	銀行號碼 Bank No.	分行號碼 Branch No.	戶口號碼 Account No.
One Circle Limited	004	033	850033001

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)的銀行毋須證實等該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)已設立的銀行戶口每月自動轉賬授權書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 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 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 in my/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 in at least two working days prior to the date on which such cancellation/variation is to take effect.

本人(等)的銀行及分行的名稱 My/Our Bank Name and Branch		
銀行號碼 Bank No.	分行號碼 Branch No.	本人(等)的戶口號碼 My/Our Account No.
# 本人(等)在結單/存摺上所紀錄的名稱 # My/Our Name(s) as recorded on Statement / Passbook		聯絡電話號碼 Contact Telephone No.
本人(等)在結單/存摺上所紀錄的地址 My/Our addresses as recorded on Statement / Passbook		
* 每月付款的 + 限額 * + Limit for Each Month (Optional)		+ 到期日 (日 / 月 / 年) + Expiry Date (Day / Month / Year) (Optional)
# 付款人名稱 (若非戶口持有人) # Name of Debtor (If other than Account Holder)		+ 支賬參考 (由本機構填寫) + Debtor's Reference (For One Circle Use Only)
+ 本人(等)的簽署 + My/Our Signature(s)		日期 Date
X		
銀行專用 FOR BANK USE ONLY		簽名核實 Signature(s) verified

請以英文正楷填寫。

* 如付款人同時支持「同心圓」多於一項奉獻項目, 請於銀行戶口每月自動轉賬授權書「每月付款的限額」欄填上支持金額的總數。如支持第一項目是HK\$100, 第二項是HK\$200, 在此欄上即填上HK\$300。(此欄亦可不填, 以便日後有所更改。本機構會以閣下申請表上的資料為準。)

+ 附註:

- 如台端付款的數額每次可能不相同, 則請將最高者定為每次付款的最高限額。
- 如授權書將於「到期日」一欄中所填寫的日期自動撤銷, 如貴戶意欲直接授權書無限期有效(或直至貴戶撤銷為止), 則請將該欄留空。
- 請保證貴戶在此授權書內的簽名, 與銀行戶口所簽署者完全相同。
- 請於「銀行戶口每月自動轉賬授權書」中之「支賬參考」一欄不用填寫。
- 如「每月付款的限額」一欄未有填上, 付款銀行會將轉賬限額定為「不設上限」。

Please write in **Block Letters**.

* If you, at the same time, are supporting more than one designations at One Circle Limited, please indicate the total donation amount in the column "Limit for Each Month" of the Direct Debit Authorization, e.g. if you are supporting Designation A at the amount of HK\$100, supporting Designation B at the amount of HK\$200, you should fill in the "Limit for Each Month" as HK\$300. (You may also leave this column blank for possible changes made in future. We will debit your account according to the information you provide on your application form.)

+ Notes:

- If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
- This Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
- Please leave the Debtor's Reference field of the Bank Monthly Direct Debit Authorization Form blank.
- If "Limit for Each Month" is not specified, the debtor's bank will set the limit as unlimited.