

信用卡授權同意書

AUTHORIZATION TO CHARGE ON CREDIT CARD

Date 日期：

Card Holder Name 持卡人姓名：
Date of Birth 出生日期：
ID/Passport Number 持卡人身分證/護照字號：
Issued by 發卡銀行：
Card Number 信用卡號碼：
Card Expiration Date 信用卡有效日期： _____ mm/月 _____ yy/西元年
Type of Credit Card 卡別： <input type="checkbox"/> VISA <input type="checkbox"/> Master card <input type="checkbox"/> JCB <input type="checkbox"/> American Express
Billing Address 地址：
Mobile Phone 手機：
Home Phone 聯絡電話：
Email 郵址：
Total Amount 金額： <u>NTD\$ _____</u> 元 <input type="checkbox"/> One Off Donation <input type="checkbox"/> Regular Donation (Monthly)
Domestic Program 捐款用途：
Remarks 備註欄：

本人不同意公開捐助資訊(若不同意請勾選) Would you agree the donation information disclosure : your Name and Amount? I agree ; I disagree

信用卡持卡人本人 _____，特立此信用卡授權同意書，並授權財團法人台灣兒童暨家庭扶助基金會以傳真或影印方式，向持卡人銀行申請信用卡支付上述款項無誤。經確認，持卡人同意依照信用卡使用約定，一經使用，均應按照所示金額，付款予發卡銀行，並同意以傳真或影印方式授權，所填之影本及傳真內容具有法律效用。

In lieu of my Credit Card imprint, I _____, hereby authorize Taiwan Fund for Children and Families and/or their representative to charge my above Credit Card for the amount shown above. By signing below, I acknowledge the charges described above. I understand that the above amount is subject to cancellation policies which have been understood by me and undertake not to take a charge back for the above amount.

Card Holder's Signature 持卡人簽名

(※簽名處務必與信用卡上之簽名形式相同。)

Note: Please fax/scan a photocopy of your Credit Card (front & back) along with this form signed to 請傳真或掃描信用卡正反面影本與此簽名同意書

Fax 傳真：# 886-4-2202-7288

Or 或 Email 電子寄件至: finance@ccf.org.tw