

## 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:	JCB 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>	
One Off Donation Reg	gular Donation (Monthly)
Purpose of Donation 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 <b>財團法人台灣兒童暨家庭扶助基金會</b> 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 sign and fax/scan the Credit Card Authorization Form. 請簽名並傳真或掃描信用卡授權同意書 Fax 傳真: #886-4-2202-7288
Or 或 Email 電子寄件至: finance@ccf.org.tw