****

**線上刷卡付款單**

**Credit Card Authorization Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **持卡人姓名(Name)：** | | | | | | **身分證字號**  **(ID)：** | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **持卡人住址(address)：□□□** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **電話(Phone)：** | | | | | | | | | | **行動電話(Cell)：** | | | | | | | | | | | | | | | | | | | | | |
| **發卡銀行(Bank)：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **卡別(Type)：□VISA □MasterCard □JCB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **填寫日期(Writing Date)：** | | | | | | | | **有效日期(Expiry Date)：20 年 月** | | | | | | | | | | | | | | | | | | | | | | | |
| **信用卡號(card number)：** |  |  |  |  |  | |  |  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  | |  | |  | |
| **親筆簽名(Signature)： (與卡片背後簽名一致)** | | | | | | | | **卡片背面末三碼(Last 3 numbers in the card back)：** | | | | | | | | | | **授權日(院方填寫)**  **(date for authorized)：** | | | | | | | | | | | | | |
| **金額總計(Total Amount)：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **持卡人同意依照信用卡使用規定，均應按所示之全部金額，付款予發卡銀行。 I hereby declare that I have authorized the charges from my credit card regarding the amount and items states above.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**病人姓名：**

**病歷號碼：**

**應繳金額：**