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**線上刷卡付款單**

**Credit Card Authorization Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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：**