臺灣基督徒醫學協會 信用卡付款授權書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 刷卡人姓名 |  | | | | | | | | | | | | | | | | 刷卡日期 | 2025年 月 日 | |
| 聯絡電話 | (行動電話) E-mail | | | | | | | | | | | | | | | | | | |
| 聯絡地址 | □□□ | | | | | | | | | | | | | | | | | | |
| 繳費證明抬頭名稱 | □同刷卡人 □同報名者 | | | | | | | | | | | | | | | | | | |
| 信用卡別 | □VISA □MASTER □JCB | | | | | | | | | | | | | | | | | | |
| 信用卡號 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 持卡人簽名  與信用卡簽名相同 | |  |
| 卡片背面後三碼 |  | | | | | | | | | | | | | | | |
| 信用卡有效期限 | 西元 年 月 | | | | | | | | | | | | | | | | 付款總金額 | | NT$ |
| 付款明細 | □ 報名費 NT$ □住宿費 NT$  □ 接駁車 NT$ □景點參訪費NT$ | | | | | | | | | | | | | | | | | | |
| 備註 | 本單支付以下人員退修會費用： | | | | | | | | | | | | | | | | | | |

說明：持信用卡付費者請填妥上列資料，傳真 02-2551-5366或Email:tcma9710@gmail.com

查詢電話：02-2537-2528