**F: CREDIT CARD (Monthly Auto Debit) 信用卡（每月自动转帐）  
Authorization for Auto Debit Through Credit Card 信用卡自动转帐授权**

**AUTHORIZATION FOR AUTO DEBIT THROUGH CREDIT CARD (MONTHLY)  
每个月信用卡自动转帐授权**Donor’s Name 捐款者名字   
*(for tax exemption receipt扣税收据用途)*  
  
IC Number 身份证号码  
  
Contact Number 联络电话  
  
Address 地址 *(Street 1第一条街)  
  
 (Street 2第二条街)  
  
 (State州属) (Postcode 邮编)* Email 电邮

**This letter is to authorize Yayasan Nanyang Press to charge my credit card the amount stated below for the monthly donation as stated below 我授权南洋报业基金依照以下所述捐款，每个月从我的信用卡自动收取款项:**   
Purpose of Donation   
[ ] General Donation 一般: RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[ ] Medical Aid/Living Expenses (General): RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 医药/生活费援助（一般）

如有指定医药/生活费援助个案：受惠者名字（请填写国/英文名字）  
1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL DONATION捐款总数: RM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The particular of the credit card to be charged is 信用卡资料: *(please tick the appropriate box 请在适合方格画✓)* Visa MasterCard  
   
Card A/C No 信用卡号码: - - -  
  
Card Expiry Date 截至日期: / MM/YY  
  
Name of Cardholder 持卡者名字:  
*(as per I/C 依照身份证的名字)*  
I fully understand and agree that this authorization is governed by the terms and conditions as specified by Yayasan Nanyang Press and declare that the particular given are complete and true. 我本人非常明白与同意南洋报业基金的授权条件，并声明所有填写资料完整和正确。   
*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

*If you would like to terminate this agreement, you may send your name and contact number to our email at* [*nyfound@nanyang.com.my*](mailto:nyfound@nanyang.com.my) *for the clarification. We will respond to you between 3 working days. 若您想终止这份合约，请将您的名字和联络号码电邮至*[*nyfound@nanyang.com.my*](mailto:nyfound@nanyang.com.my) *以作停止声明，我们会在3个工作天内回复您。*  
***Should you have any inquiries please contact us at email:*** [***nyfound@nanyang.com.my***](mailto:nyfound@nanyang.com.my) ***, tel: 03-7650651/662/669/675/694. Thank you!   
若您有任何疑问请电邮至***[***nyfound@nanyang.com.my***](mailto:nyfound@nanyang.com.my) ***，或 拨打 03-7650651/662/669/675/694询问。***