

CREDIT/DEBIT CARD PAYMENT FORM

Please complete in BLOCK CAPITALS and black ink.

Title: _____
(As/if shown on card)

Name and initials of card holder: _____
(As shown on card)

Address: _____

Contact telephone no: _____

Email address: _____

Name of member/student: _____

Member/student no (if known): _____

Payment for: _____ Amount £

American Express and Diners Club cards are NOT accepted.

Credit card Visa Mastercard

Card no.

Start date / Expiry date /
(Where present)

Security code: _____
(Last 3 digits on the signature strip)

I authorise you to charge the amount shown above to my card.

Signature of card holder _____ Date _____

FOR OFFICE USE ONLY

PROCESSED BY: _____

DATE PROCESSED: _____