

Recurring Transaction Authority

I authorise you, until further notice to charge my Visa / Mastercard (delete as appropriate) account for the sum of

£ _____

(or unspecified amount, subject to agreement between the Company and the Client. The Company must notify the Client 14 days before, should the amount change for any period of time or change until further notice.)

as and when payment becomes due

I will advise you in writing immediately if the card becomes lost, stolen, or if I wish to close my card account or cancel my authority.

Should the Company charge my Card and the funds not be available from my Card, then I authorise the Company to continue trying until the transaction goes through

Card Type

Card Number

'Valid From' date

'Expires End' date

Card Security code (this is a row of numbers printed on the signature strip on the back of the card, please write here the last three of these numbers)

Cardholder Name as it appears on the Card

Cardholder Statement Address

_____ Postcode _____

Contact Telephone Number

Cardholder Signature _____ Date _____