



# Royal Colleges of Physicians of the United Kingdom

## Card Payment Form

### REQUESTOR'S DETAILS

Requestor's name \_\_\_\_\_

Organisation \_\_\_\_\_

### CARD/PAYMENT DETAILS

Visa

Mastercard

Delta

Maestro/Switch

Card no.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Valid from

--	--	--	--

M M Y Y

Expiry date

--	--	--	--

M M Y Y

Issue no.

--	--

(Maestro/Switch)

Security no.<sup>1</sup>

--	--	--

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Contact telephone no. \_\_\_\_\_

I authorise the Royal Colleges of Physicians of the United Kingdom to debit my account with the following amount:

£

Notes:

1. The Security No. is the last three digits on the back of your card. The security no. must be provided.

### FOR OFFICE USE

Date received \_\_\_\_\_

Amount processed \_\_\_\_\_

Initials \_\_\_\_\_

Date processed \_\_\_\_\_