

CREDIT/DEBIT CARD PAYMENT DETAILS

Name:

Home Address:

.....

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Email Address:

I authorise Christ Church to use the credit/debit card details listed below to pay any monies owed to Christ Church if alternative payment arrangements have not been made by the due date on my battels invoice. **Please note that we do not accept American Express.**

Type of Card (ie visa/master card/switch)

Card Number

Start Date

Expiry Date

Issue Number (if applicable)

3 Digit Security No (on back of card)

Contact Telephone No

Signed..... Date.....

FOR SECURITY PURPOSES PLEASE HAND THIS FORM INTO THE STEWARDS OFFICE – DO NOT POST

Christ Church confirms that the above details will be kept in a secure area and will be destroyed as soon as a direct debit mandate has been completed for the payment of your battels invoices.

Signed on behalf of Christ Church

Date of Receipt