

BRITISH ASSOCIATION FOR BEHAVIOURAL AND COGNITIVE PSYCHOTHERAPIES

Payments by Credit/Debit Cards

Card Type _____ Card Number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

visa/mastercard/maestro/switch/solo - we do not accept American Express cards

Expiry date of Credit Card

| | |
|---|---|
| M | M |
|---|---|

| | |
|---|---|
| Y | Y |
|---|---|

 Security Code

| | | |
|--|--|--|
| | | |
|--|--|--|

 Issue Number

| | | |
|--|--|--|
| | | |
|--|--|--|

Please charge my account with £ _____

(The amount requested)

Name (as on credit card) _____

Cardholder's address (as registered with bank) _____

_____ postal/zip Code _____

Signature

Date
