



# CREDIT CARD MANDATE



Please complete the whole form and send it to the address below.

## The Dentists' & General Mutual Benefit Society Limited

St. James Court, 20 Calthorpe Road, Edgbaston, Birmingham B15 1RP

Telephone: 0121 452 1066

1. Type of Credit Card \_\_\_\_\_

(Visa / Master Card only)

2. Credit Card Number

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3. Valid From Date

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4. Card Expiry Date

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5. Card Holders Name \_\_\_\_\_  
(in BLOCK CAPITALS)

6. Society Membership Number

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7. Payment Frequency

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(Yearly, Half Yearly, Quarterly, Monthly)

8. ● I authorise you to charge my credit card unspecified amounts as and when they become due.
- There is a 1.75% charge for payment by this method.
- If the amount to be paid or payment date change, you will be told of this advance of your card being debited.
- This authority will remain in force until such time as it is cancelled in writing.

Card Holder Signature \_\_\_\_\_

Date \_\_\_\_\_