



21 Portland Place, London, W1B 1PY

CREDIT CARD PAYMENT FORM

Please debit my credit/debit card (Visa/Delta/Mastercard/ Switch) with the sum of

□□□□.□□

(Please note that we are unable to process American Express Card payments)

Name : _____

Card Details

Cardholder Name _____

Card/Switch Number □□□□ □□□□ □□□□
□□□□

Expiry date □□/□□

Valid from date □□/□□

Issue Number □□

Card Security Code □□□
(The last 3 numbers printed on the signature strip on the back of your card)

Full Address as it appears on your card statement:

Postcode: _____

Cardholder's signature _____

Date □□/□□/□□

PLEASE RETURN THIS FORM BY POST OR EMAIL TO:

**SAAD Executive Secretary, Vine Cottage, Hay Green Corner, Fishlake
Doncaster DN7 5LA**

SAADoffice@btinternet.com

21 Portland Place
London
W1B 1PY