

TRANS-STORE SECURITY SERVICES

A Division of Nameproof Limited

DOCKSIDE ROAD, MIDDLESBROUGH, TEESSIDE TS3 6AH
Tel: 01642 244975, Fax: 01642 246161
Email: trans-store@ntlworld.com

CONTINUOUS PAYMENT CARD AUTHORITY FORM

Name _____

Account No. _____ (4 digit A/C No.) DATE: _____

I/We hereby give you authority to debit our account with the details you provided below on a monthly/quarterly basis.

QUARTERLY PAYMENTS:

I/We would like you to commence payments starting on the (Please enter date) quarterly.

We understand that if we do not wish you to take payment for any reason we will contact you the working day before to let you know.

Signed: Amount: £..... Date: _____

MONTHLY PAYMENTS:

I/We would like you to commence payments on the (Please enter date) of each month.

We understand that if we do not wish you to take payment for any reason we will contact you the working day before to let you know.

Signed: Amount: £33.00 Date: _____

Please be aware that we will debit your account at the beginning of the working day therefore it is crucial that you contact us in advance (at least the working day before) if you do not want us to take payment. We will not be held responsible for any charges that you may incur as a result of you failing to do this.

Should you need to alter the instruction at any time please contact us to let us know during office hours on 01642 244975.

CARD NO. _____ (16 digit number)

EXP. DATE _____

SSN _____ (3 digits on the back)

POST CODE _____

HOUSE NO. _____