



### Card Payment Authorisation

<b>Full name</b>			
<b>Register Number</b>			
I acknowledge that only cards carrying one of these symbols are acceptable and am paying by (please tick the appropriate box)		 <input type="checkbox"/>	 <input type="checkbox"/>
Name and address of card holder, if different from that shown on the remittance advice			

**\*These boxes must be completed**

<b>*Card number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>*Expiry date</b>	<input type="text"/>	/	<input type="text"/>	<b>*Card security code back of card, last 3 digits</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>*Amount payable</b>	
Fee	£
Total payment =	£

I authorise the Royal College of Veterinary Surgeons to charge my card with the above total amount.			
<b>*Full name of card holder</b>			
<b>*Written signature of card holder</b>		<b>*Date</b>	

**For your own security we cannot accept card payments by email. Please return this form by post or fax using the contact details below.**

**Please return your completed form using one of the following methods:**

Registration Department  
Royal College of Veterinary Surgeons  
Belgravia House  
62-64 Horseferry Road  
London  
SW1P 2AF

Fax: 020 7202 0740

<b>*FULL Name:</b>		
	Registration – NS/JH/DB/JAH/JP/KS	Section to be detached by Finance Dept