

Credit/Debit Card Authorisation Form

Please complete this form in **BLOCK CAPITALS** using black ink, and return it to us by email or post. You can find our contact details at the end of this form.

Your details

Full name:

Plan number (if applicable): Email:

Credit/debit card details

I would like to pay my plan premium to William Russell Limited by the following credit or debit card:

VISA Mastercard American Express Switch VISA Delta

Card number:

Start date: Expiry date: Issue number (Switch only):

Name as it appears on your card:

Address to which your card is registered:

.....

.....

Authorisation

I hereby authorise that the card specified above may be debited with the appropriate annual/monthly premium(s) due, and all subsequent renewal premiums due as notified by William Russell Limited, until I give notice in writing that I wish to terminate my plan agreement.

I understand that my premiums may increase at each plan renewal date. I understand that premiums due under the plan must be received by William Russell Limited on or before their due date and, should any attempt by William Russell Limited to debit the above card be declined, I understand that my plan cover will cease from the day before the unpaid premium due date, and that William Russell Limited will not be liable for any lapse in cover.

Signature of plan holder:

Signature of card holder (if not plan holder): Date:

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