

# Credit/Debit Card Payment Form

Please complete this form in BLOCK CAPITALS and return to the address at the bottom of the page.

Name of Group \_\_\_\_\_

Policy Type \_\_\_\_\_

## Details of Leader-in-Charge of party

Title (Mr/Mrs/Miss/Ms/Other): \_\_\_\_\_ Your surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Leader-in-charge)

## Credit/Debit Card Payments

Security Code

Start date or Issue Number \_\_\_\_\_ Expiry date: \_\_\_\_\_

Card holder name \_\_\_\_\_ Payment amount £ \_\_\_\_\_

Signature \_\_\_\_\_

## Cardholder's details (if different to Leader)

Title (Mr/Mrs/Miss/Ms/Other): \_\_\_\_\_ Your surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Cardholder)

Please send to: **Unity Insurance Services**, Lancing Business Park, Lancing, West Sussex, BN15 8UG.  
Tel: 0845 0945 703 Fax: 01903 751044

