

CREDIT/DEBIT CARD PAYMENT FORM

(Please do not email this form)



DESCRIPTION & AMOUNT

Purpose of Payment _____ Amount: £ _____

Name of Student/Candidate _____

SURCHARGES

All credit card/ international card payments will be subject to a 2.5% surcharge.

AUTHORISATION

I authorize for HLA to debit my account with the above amount + any applicable surcharge.

Signed: _____ **Date:** _____

CARD DETAILS

UK Card International Card

I wish to pay by: Mastercard Maestro Visa Visa Debit
Visa Electron Solo JCB

This is a: Debit Card Credit Card

Card Number: - - -

Security Code: (last 3 or 4 digit number on card signature strip)

Start Date: / (Month/Year) **Expiry Date:** / (Month/Year)

Issue Number (Maestro & Solo Cards):

Cardholder name: _____

Billing Address: _____

(Where you receive your card bills/ statements): _____

Postal Code: _____ Country: _____

Telephone Number:(include country code if outside the UK): _____

Please return this form to: Harrogate Language Academy, 8a Royal Parade, Harrogate, North Yorkshire, HG1 2SZ Fax: 01423 531064 Email: enquiry@hla.co.uk

*All information provided is kept in accordance of the Data Protection Act (1998)
All card details will be destroyed once the transaction is processed*