Credit-Debit Card Payment Instruction Form for payments made within the United Kingdom

LE032OU V05

For LAMDA Examinations Department use:

Authorisation Number	Processed By	PDQ Transaction Number	Transaction Date	Centre Code	Event Code	Nominal Code	ExamTrack Reference

To be completed by customer and returned to LAMDA Examinations

By Post: **LAMDA Examinations, 155 Talgarth Road, London, W14 9DA, United Kingdom**
By email: **Scan completed form and email as an attachment to exams@lamda.ac.uk**

UK Private Centre Code or UK Public Centre Name		**Exam Session Date(s)**	
Learner Name		**Learner Pin Number**	
Customer Name		**DLT Membership Number**	

Please provide any additional information below:
(If paying an invoice state invoice number)

Payment For (please circle)	**Private Centre Booking Fee / Examination Entry Fees / Publications / Merchandise / Medal, Certificate, Letter of Attestation / Directory of LAMDA Teachers Membership / other /**	**£**
	Total amount payable:	**£**

I the card holder authorise LAMDA Ltd to debit the below card with the total amount payable:

Cardholder Signature		**Date**	
Cardholder Name As Printed On Debit-Credit Card			
Cardholder's Billing Address			
Billing Postcode			
Cardholder's Contact Telephone Number		**email**	

Card Number			
Card Valid From Date		**Card Expiry Date**	
3 Digit Security Code In Signature Strip		**Card Issue Number (if applicable)**	
Card Type	**Visa Debit / Visa Credit / MasterCard / UK Maestro / Switch / Delta / Electron / Solo**		