

Please fill in the form using a ball point pen and return to:

**Cashier's Office, University of Leicester, University Road, Leicester LE1 7RH**

If you need help completing this form please telephone the Cashier's Office: 0116 252 2380 or 0116 252 2376

**Payment Details**


**Amount**

£ 

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**Cardholder Details**

Cardholder Name

Cardholder Address

Postcode

I authorise the University to charge my credit/debit card the amount shown above.

Tick type of card      VISA       MASTERCARD       SWITCH       DELTA       SOLO

Valid from

Valid to

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Card number

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Issue number (*Switch / Solo only*)

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Signature..... Date.....

**Member of Staff Handling Transaction**

Name	
Tel. No.	Email