General Optical Council

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Credit card/debit card payment form

I authorise the below amount to be debited to my credit card/debit card:

Authorised payment amount £ .....

The payment is for (name of registrant): .....

GOC number of registrant: .....

Name of cardholder: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card type: ☐ VISA ☐ MasterCard ☐ Visa Debit ☐ Maestro ☐ Delta ☐ Solo

(We do not accept payment by American Express or Amex)

Card number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐*

* *Card numbers are typically between 16 and 18 digits in length*

Issue number: ☐☐☐ *(If applicable)*

Card security code: ☐☐☐ *(The final 3-digit number printed on the signature strip)*

Start date: ☐☐/☐☐ *(If applicable)* *(month / year)*

Expiry date: ☐☐/☐☐ *(month / year)*

Cardholder's billing address:

.....

Post code

.....

Cardholder's daytime telephone number, (*we will contact you if there is a problem taking payment*):

.....

Cardholder's signature: .....

Date: .....

Send your completed forms to:

The General Optical Council
41 Harley Street
London W1G 8DJ