

ANAESTHESIA LTD
CREDIT/DEBIT CARD MANDATE

Please debit my card as follows:

Patient's Full Name: _____

Please Tick    Other _____

Card Number: Maestro 2 extra digits

Start Date: (mm/yy) _____ / _____ Expiry Date: (mm/yy) _____ / _____ Issue No: _____

Security code (last 3 digits on back of card): _____

Name on Card: (BLOCK CAPITALS) _____

Address of Card Holder: _____

_____ Post Code: _____

Contact telephone number(s): _____

We regret we do not take American Express

I hereby agree that you may charge my credit card for any of the following charges:

- Any professional fees for which I am not insured
- Any insured procedure fees which remain unpaid after 60 days
- Any other charges subsequently due in accordance with Anaesthesia's contract
- A fee of 2% if charges are paid by credit card

Signature: _____

Date: _____