Card Authorisation Form

Send by Fax only to: Cashiers Office
Secure Fax: +44 (0)1865 616001

Not To Be Sent Via Email Or Post

Department:	Mathematical Institute		
Contact Name:	Catherine Goodwin/Val Timms	Contact Tel:	80616/73548
		Date:	
INVOICE NUMBER (This is important: if you do not quote the invoice number your payment may not be credited to your account. If you have mislaid the invoice number please contact mathfin@maths.ox.ac.uk):			

Fees for PGDiploma/MSc Mathematical Finance

Student Name: …….

Please debit

……(amount in numbers)

……(amount in words)

from my card.

Name of Card Holder…….

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry date…...……..

VISA / ACCESS / MASTERCARD*

Card Security code……..(last 3 digits on reverse of card)

Signature of Card Holder……

Address of Card Holder……...……...……..

……..

……..

Telephone number of Cardholder……