



**Society for Medicines Research**  
CONTINUOUS CREDIT CARD AUTHORITY

I authorise Association Enterprises Ltd, acting on behalf of the **Society for Medicines Research**, until further written notice, to charge my:

Visa / Eurocard / Mastercard / American Express / Delta / Switch / Connect / Solo \*card

unspecified amounts in respect of the payment of membership subscriptions, or any of the Society's services (including monies outstanding) when they become due, for the following member:

Member's Name: \_\_\_\_\_

Membership No: \_\_\_\_\_

\* circle where appropriate

**Card Holder's Details**

Card Account No: \_\_\_\_\_

Start date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Switch Issue Number: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please could you let us know your new details once your credit card has expired so we can update our records and continue with your payments.**