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One Time Credit Card Payment Authorisation Form

Sign and complete this form to authorise The Irish Medical Organisation to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorisation for any additional unrelated debits or credits to your account.

Please complete the information below:

I ______________________________ authorise The Irish Medical Organisation to charge my credit card
(Full name)

account indicated below for ______________ on or after ____________________.
(Amount) (Date)

Billing Address ______________________________ Phone __________________________

City ______________________________ Email __________________________

Account Type: ☐ Visa ☐ MasterCard ☐ Laser

Cardholder Name ____

Account Number ____

Expiration Date _____________

CVV2 (3 digit number on back of Visa/MC) ______

SIGNATURE ____ DATE ________________

I authorise the Irish Medical Organisation to charge the credit card indicated in this authorisation form according to the terms outlined above. This payment authorisation is for the amount indicated above only, and is valid for one time use only. I certify that I am an authorised user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

I consent to IMO Financial Services contacting me regarding the financial products and services available to me as a members of the IMO which may be of interest to me. If you wish us to forward your contact details to IMOFS and be contacted by IMOFS in writing, by email, by landline or mobile phone, SMS text and fax electronic, please tick this box ☐