

Continuous Payment Authority

I/We hereby authorise V Gates Ltd to debit my/our DEBIT CARD in respect to Loan Agreement Number _____ for any capital and or Interest charges relating to the above Agreement.

Please complete with your Debit Card Details below.

Card Issuer: _____

Name: Mr/Mrs/Miss/Ms (Please circle) _____

Complete 16-digit Card Number:

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Valid From

Expires End

Issue No

(Not all Cards)

Security Number

(Last 3 Numbers On Signature Strip)

Authorised Signature _____ Date: _____

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