

**Monthly Payments Enrolment Form**

Please print in block capitals

**Student Details**

Title..... First Names.....

Last Names..... Date of Birth.....

Address (course delivery address) .....

.....Post Code.....

Phone.....E-mail.....

**Course: ICB Level 2 Computerised**

Student Signature..... Date.....

Total Amount payable including £35 administration fee. £434.00

Please tick box indicating your preferred monthly payment date      1<sup>st</sup>       15th

Please debit my account for the first payment (deposit) of £114.00 from bank details provided

immediately. Followed by 5 monthly payments of £64.00 on the date requested.

I enclose a cheque for the deposit, then please take remaining amount from account details provided.

**Credit/Debit Card Payment Form.**

Card type: Switch/Maestro  MasterCard  Delta  Visa  American Express

Card Number:

Valid From: ..... /..... Expiry Date: ..... /..... Issue No (if applicable): .....

Card Security Number:

Name of Cardholder (Name shown on card) .....

Card Holders Address ( if different from above details) .....

.....Post Code .....

Signature (by cardholder) ..... Date .....

Please sign and return this form to: Training Link, PO box 12130, Four Oaks, B75 5WT

By signing you are authorising us to set up a standing order with the details that you have provided.

By signing you agree to be bound by Training links terms & conditions.

Courseware will be dispatched once your details have been verified and clearance of first payment has been received.

Consumer Credit number: 635222