

# Credit card payment form

Please complete this form in full and return it to Finance Department, JT, 24 High Street, St Peter Port, Guernsey GY1 2JU.

We will still send you a copy of your bill as normal. You will be billed on the 28th of each month and we will debit your credit card for the full amount owing on your JT account on, or shortly after, the 25th of the following month.

Should you have any questions about this form or need any help in completing it, please call our helpline on 882 882 (8.30am to 5pm Monday to Friday).

Full name of account holder:

JT account number:

Daytime contact number:

## Important information:

To provide services to you, we need to handle personal information about you and this will be processed in accordance with the Data Protection (Jersey) Law 2018 / Data Protection (Bailiwick of Guernsey) Law 2017 and in accordance with our Data Protection Notice which can be found at [www.jtglobal.com/GDPR](http://www.jtglobal.com/GDPR). By completing this form you are consenting to us using this information to provide you with service(s). Your information will be retained for up to a maximum of 6 years after the end of your contract with us. You have a right to ask for a copy of the information held about you in our records. If you require us to correct any inaccuracies please email [customer.services@jtglobal.com](mailto:customer.services@jtglobal.com). Full details of your rights can be found at [www.jtglobal.com/GDPR](http://www.jtglobal.com/GDPR).

We will also use your personal information for the purposes of our legitimate interests; namely to keep you updated with news about our products and services, run credit checks where necessary, and share your information within the JT group of companies who may send you details of other goods and services which may be of interest to you.

Please confirm you wish to receive these types of marketing communications, by ticking this box.

The marketing preference options you select will not affect the delivery of your bill.

## Instructions to pay by credit card



Name of card holder:

Credit card number:

Signature:

Date:

DD	MM	YYYY

Credit card valid date:

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Credit card expiry date:

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**For JT official use only**

This is not part of the instruction to your Bank or Building society

Account number:

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