



# The Redleaf Practice

## Authorisation to Charge Credit Card

By signing this form, you give us permission to debit your account on or after the scheduled session(s) for the below listed client.

I, \_\_\_\_\_ authorise Redleaf Practice P/L to charge my credit card account listed for each consultation for the below listed client, including any fees for missed appointments or late cancellations without 24 business hours' notice. My authorisation is effective from this date\*, until closure of therapy.

Client Name: \_\_\_\_\_

Credit card holder Address: \_\_\_\_\_

\_\_\_\_\_

Credit card holder contact phone number: \_\_\_\_\_

Card type (Visa or Mastercard): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiry: \_\_\_\_\_

CCV: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

I authorise the Redleaf Practice P/L to charge the credit card indicated in this authorisation form according to the terms outlined above. This payment authorisation is for the goods/ services described above. 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 in this agreement.

Credit card holder signature: \_\_\_\_\_

Date\*: \_\_\_\_\_