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Balmain East 2041

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Credit Card Authorisation Form

Should you choose to pay by credit card, please complete all fields. Your card details will then be held on file and charged following your session. You may cancel this authorisation at any time by contacting us. The authorisation will remain in place until cancelled. Your therapist can also discuss other payment methods with you.

Credit Card Information: *Card ending in: Please provide the Last 4 digits of your card*

Cardholder Name (As shown on card):	
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I, _____, authorise The Relationship Room Family Trust to charge my credit card given to the administration team over the phone for agreed services with my Psychologist/Psychotherapist. I understand that my information will be saved to file for future transactions on my account.

Client Signature

Date