



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 therapy session. You may cancel this authorisation at any time by contacting the Practice Manager. The authorisation will remain in place until cancelled. The Practice Manager can also discuss other payment methods with you.

Credit card information:

Card ending in (please, provide the last four digits):

Cardholder Name (as shown on the card):

I, _____, authorise George Street Psychology, Pty., Ltd to charge my credit card given to the Practice Manager over the phone for agreed services. I understand that my information in George Street Psychology files for future transactions on my account.

Client signature

Date