

# NDIS PLAN MANAGER

Date:

I,      \_ ­­­­­­­­­­­­­­­­­­ hereby authorise Redlands Psychologists to communicate

 *(Client Name)*

with my NDIS Invoice Manager in writing and/or verbally.

Company Name:

Contact Person’s Name:

Contact Phone Number:

Client Signature Print Name

Office Notes:

Accounts Email Address: