Credit Card Authorisation Form

Please complete all fields. You may cancel this authorisation at any time by contacting us. This authorisation will remain in effect until cancelled.

Credit Card Information		
Card Type: ☐ MasterCard	☐ VISA	☐ Other _____
Cardholder Name (as shown on card): _____		
Card Number: _____		
Expiry Date (mm/yy _____	CCV _____	

I would prefer to give my card details verbally for saving on a secure software program

☐ Yes ☐ No

I, _____ on behalf of _____

(Guardian Name) if applicable *(Client Name)*

hereby authorise Redlands Psychologists to charge my credit card/debit card above for agreed upon services. I understand that my information will be saved in a secure manner to file for future transactions on my account. I understand that an SMS will be sent prior to each transaction.

_____ _____

Customer Signature Date

Please Note: If, after reading this form, you have any concerns, please feel free to discuss these with your psychologist.