



MELISSA SLATTERY

MICHELLE WELLMAN

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### CREDIT CARD AUTHORITY TO CHARGE

Please complete this form and return it to the rooms prior to, or at the time of your consultation.

#### Personal Details:

Attn: \_\_\_\_\_ Dr Melissa Slattery \_\_\_\_\_

From: \_\_\_\_\_

I hereby authorise Dr Melissa Slattery to debit the following charge to my credit card as follows:

#### Charge Details:

Total Amount: AUD \_\_\_\_\_ Less amount paid AUD \_\_\_\_\_.

Charge Amount: AUD \_\_\_\_\_.

This Credit Card Authority will enable Dr Melissa Slattery to deduct any cost amendments to the main payment, up to and including the value of the deposit payment. Dr Melissa Slattery will notify clients of any cost amendment prior to deducting the payment from the Credit Card.

#### Credit Card Details

Credit Card Type:  American Express  Diners' Club  Mastercard  Visa

Cardholder: \_\_\_\_\_

Credit Card No:

Amex Security No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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