

**Credit Card Authorization Form for Cancellations**

It is important that 48 hours notice for any cancellation or change to appointments made in order that the vacated spot can be offered to another individual awaiting the opportunity to commence or continue with their treatment.

Cancellations or postponements with less than 48 hours notice will be charged in accordance to the published cancellation policy.

Should the circumstance arise that you fail to attend an appointment or provide insufficient notice to change an existing appointment, a cancellation charge will be made on your nominated card and receipt will be sent to you by email or in the post in accordance with your preference. If you do not have a credit card or do not wish to provide your credit card details, an invoice for the missed appointment will be sent to you.

Your credit card details will be destroyed upon completion or termination of your therapy.

**CREDIT CARD AUTHORITY**

I (full name in block capitals) \_\_\_\_\_

authorize Dr Paul Pusey & Associates to charge my credit card the cancellation fee, should I fail to provide 48 hours notice of an appointment change or cancellation.

I am aware that my credit card details will only be used in the manner described above.

**Card Type (please circle) MASTERCARD VISA**

**EXPIRY DATE:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Cardholder's Name (please print in block capitals)** \_\_\_\_\_

**Cardholder's Signature** \_\_\_\_\_