

Like Mental Health

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www.likementalhealth.com.au



Credit Card Payment Authorisation Form

Complete and sign this form to authorise Like Mental Health to debit your credit card listed below. You can upload the form on the resources page of www.likementalhealth.com.au once completed.

By signing this form you permit us to debit your account for the amount indicated. The amount will be deducted on counselling services rendered where an invoice is provided.

Please complete the information below:

I _____ authorise Like Mental Health to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment/s is for
(amount) (date)
_____.
(counselling/consultation)

Billing Address _____ Phone# _____
City, State _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> other
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (33-digit number on the back of Visa/MC) _____

Please advise Like Mental Health via written email, at any time, if you would like to end this arrangement.

Please note: Your card will be processed once only for each payment on the day of your appointment. If your card declines due to insufficient funds you will be required to make alternative payment arrangements. Card decline costs will be added to the fee.

SIGNATURE _____ DATE _____