



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: _____