



Credit Card Authority

Please complete this form before your first appointment

I _____ acknowledge that I have read and signed the Client Agreement and Services Contract form and am aware of the fees and cancellation policy, including that I will not be able to receive a Medicare rebate for canceled sessions.

YES

NO

I provide Nurturing Mother with my credit card details and give permission to process my payment for sessions that I attend.

YES

NO

I provide Nurturing Mother with my credit card details and give permission to process my payment in the event that I incur a cancellation fee.

YES

NO

Name on Card

Credit Card Number

Expiry

CCV

Client Signature

Date