

CREDIT CARD AUTHORISATION

Please complete all fields

BILLING INFORMATION

ADDRESS:

CITY, STATE, POST CODE:

PHONE#:

EMAIL:

CREDIT CARD INFORMATION

☐ MASTERCARD

☐ VISA

CARDHOLDER NAME

CARD NUMBER:

EXPIRATION DATE (MM/YYYY)

SECURITY CODE

POST CODE

CREDIT CARD AUTHORISATION FORM

Safe & Sound Counselling

To ensure a smooth and secure payment process, I authorise **Safe & Sound Counselling** to securely charge my credit card as outlined below. This process is designed to provide uninterrupted quality care and support.

Authorisation of Charges

I authorise **Safe & Sound Counselling** to charge my credit card for:

- Counselling/Coaching/Consultation session fees for appointments scheduled on my behalf or directly.
- Late cancellation, reschedule, or no-show fees, as outlined in the Cancellation Policy.
- Non-Face-to-Face Services, as outlined in the Payment Policies, Non Face to Face Service Provision Policy, including case management, reports, forensic analysis, preparation or communication with third parties, which may be charged before or after completion depending on the service. Please note some services do not apply to those based in the US or Canada.
- Overtime fees for sessions exceeding the allocated time. **Please note timekeeping responsibilities are shared.**
- Additional charges arising from my actions, requests, or lack of timely communication, as outlined in the agreed policies.

Acknowledgement of Halaxy Payment Authorisation

I acknowledge that by providing my credit card details through Halaxy and booking appointments, I have already authorised:

- Halaxy to securely store and process my credit card details for payments related to counselling services.
- Charges for services rendered, future scheduled services, and any applicable fees in line with Safe & Sound Counselling's agreed policies.

I understand that Halaxy uses a trusted third-party gateway to ensure confidentiality, fraud protection, and compliance with Australian privacy laws, providing me with a secure and reliable payment experience.

Responsibilities and Disputes

I authorise **Safe & Sound Counselling** to charge my credit card for fees that align with the terms outlined in this form and the agreed policies.

I understand that:

- Providing a valid, active credit card is essential for seamless service delivery.
- Declined or cancelled payment methods while fees are outstanding constitute a breach of policy and may result in the suspension of services, additional fees, or recovery actions.
- Fees charged in accordance with the agreed terms and policies are considered final and non-disputable.

Authority to Share Limited Information

I authorise **Safe & Sound Counselling** to share only the necessary payment-related information with authorised entities (e.g., Halaxy, financial institutions, professional bodies) for processing payments or meeting compliance, legal, or administrative obligations. This will be done in accordance with Australian Privacy Laws to protect my personal information.

Acknowledgement and Signature

I confirm that I have reviewed and understood the fees and terms outlined above, including charges for session fees, non-face-to-face services as outlined in the Payment Policies and Terms and Conditions, cancellations, reschedules, no-shows, overtime, and additional charges for clinical work resulting from my actions or requests. By signing below, I accept these terms and authorise all outlined charges.

CUSTOMER SIGNATURE

DATE

CUSTOMER NAME