



HILLS DISTRICT  
Speech Therapy

# CREDIT CARD PAYMENT AUTHORISATION

PARENT/GUARDIAN FULL NAME:	
CLIENT NAME:	
CONTACT NUMBER:	
Preferred Email for invoices:	

I, "the above-mentioned parent/guardian" authorise Hills District Speech Therapy to charge consultation fees to the below credit card details- at the time of my consultation or shortly after.

I will be provided with an invoice once payment has been processed.

**CANCELLATION - \*\* PLEASE READ CAREFULLY AND SIGN BOTH PAGES TO ACKNOWLEDGE YOU UNDERSTAND HDST CANCELLATION POLICY\*\***

## CREDIT CARD DETAILS

Card number:																	
Name on card:	MASTERCARD / VISA						Expiration Date:				CVC						

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Please inform us if your CARD HAS CHANGED or if you no longer wish for this payment system to proceed.

## THANK YOU

Please note that HDST utilises a secure payment online gateway, Stripe Payments Australia Pty Ltd A.C.N 160 180 343 to process payments. The above agreement is between "you the client/parent/guardian" and HDST. The accounts team are the only team to have access to the credit card details provided above and once entered into the Stripe System, only the last 4 digits are visible. Stripe has been audited by an independent PCI Qualified Security Assessor (QSA) and is certified as a PCI level 1 service provider.

As a valued HST client there are **no credit card surcharges**, however in the event that a payment has been declined 2 x in a 2-day period, an open invoice will be emailed to the nominated email mentioned above for payment advice.



### **CANCELLATIONS (Monday-Friday)**

All appointments at Hills District Speech Therapy are made in advance and therefore reserved to meet your specific requirements and preferences. We understand illness and misadventures occur, however cancellations or the rescheduling of appointments need to be made at a minimum,

by **3pm** the day prior to your appointment **via phone** (98997853) - voicemails are welcome-

otherwise a CANCELLATION FEE of  
**\$40.00** WILL APPLY - onsite Clinic sessions  
**\$40 plus travel fee** - External visits

To waive the cancellation fee, we also offer the following options (if available):

- - Extend your following session
- - Reschedule your session to another day during that week

### **CANCELLATIONS (Saturdays)**

All appointments at Hills District Speech Therapy are made in advance and therefore reserved to meet your specific requirements and preferences. We understand illness and misadventures occur, however due to the nature and demand of Saturday bookings **ALL CANCELLATIONS** incur a FEE of **\$48.00**.

Saturday exceptions to the cancellation fee: To waive the cancellation fee, we also offer the option of:

- - Extending your following session (if available)
- - We also offer Saturday exceptions for regular attenders -

4 exceptions/year for special occasions with 1 week notice.

### **CANCELLATIONS (failure to attend)**

Failure to attend is when a client has not advised the clinic that they will not attend. Where a client has not shown up and not provided any communication, they will be **charged at 90% of the session cost**.

Keeping your reserved session  
If **three consecutive cancellations** occur,  
you risk forfeiting your regular scheduled session.

### **CANCELLATION (GROUPS)**

Due to the ongoing nature of these services,  
the FULL FEE will be charged at the first session and can NOT BE REFUNDED.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_