

Australian Health & Education Centre
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**Credit Card Pre-Payment Form for Telephone, Skype, Online or Mobile
Counselling & Psychotherapy with
Dr Tracie O’Keefe DCH, ND, NSHAP ADV DIP THP, ANPA, PACFA, AHA, ASSERT**

Name.....Address.....

.....

State.....Post/Zip Code.....Country.....

Phone.....Fax.....Email.....

I (insert name).....authorise the Australian Health & Education Centre to deduct payment of \$.....(AUD) advance fee for telephone/Skype/3G Mobile counselling by Tracie O’Keefe. I understand that if I cancel my scheduled appointment any time up to 48 BUSINESS hours in advance, I will receive a refund of the full amount, and if I cancel with less than 48 BUSINESS hours notice, or I miss my appointment,I will be charged the FULL fee for that session.

Type of Card (please tick one): Visa.....Mastercard.....Amex.....

Statement/billing address (if different from above).....

.....State.....Zip/post code.....Country.....

Card number:CCV number.....
(the CCV number is the final 3 digits on the BACK of your card.)

Expiry date.....Signature.....Date.....

**PLEASE DOWNLOAD THIS FORM, SIGN IT, SCAN IT AND EMAIL IT BACK TO
info@tracieokeefe.com**