




# ABOVE AND BEYOND EARLY INTERVENTION PTY LTD

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## DIRECT DEBIT AUTHORISATION FORM

Client name:

Name on card:

Card number:

 -  -  - 

Expiry date:

 / 

CCV:

 (3 digits on back of card)

Card type:

 Mastercard  
 Visa

Amount:

\$ 

Purpose of transaction:

 Assessment

Amount:

\$ 

Purpose of transaction:

 Ongoing therapy

I authorise Above and Beyond Early Intervention Pty Ltd (ABEI) to debit the bank card listed for the amount shown for services as per our service agreement and ABEI's policies and procedures. I certify that I am the cardholder for the information above.

Signature:

Date:

 /  / 

This authorisation remains current until cancelled in writing. Thank you