

**Australian Health & Education Centre**  
Shop 3 Glebe Place, 131-145 Glebe Point Road, Glebe, Sydney, NSW 2037, Australia  
Ph 61 2 9571 4333. Fax by arrangement. Web: [www.healtheducationcentre.com](http://www.healtheducationcentre.com)

**Credit Card Pre-Payment Form for Telephone, Skype or 3G Mobile Counselling & Psychotherapy with  
Dr Tracie O’Keefe DCH, ND, NSHAP ADV DIP THP, ANPA, ASOCHA, PACFA**

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

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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 hours in advance, I will receive a refund of the full amount, and if I cancel with less than 48 hours notice, 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 AND EMAIL IT BACK TO [info@tracieokeefe.com](mailto:info@tracieokeefe.com)**