



## CREDIT CARD DEBIT AUTHORISATION FORM

### \*STORAGE FEES ONLY\*

Full Name of Patient: \_\_\_\_\_ DOB \_\_\_\_\_

Full Name of Partner: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

I authorise TasIVF to use the credit card details provided below to debit any amount owing for the embryo and/or semen storage fees as they fall due, on the following terms:

1. **TasIVF will debit storage fees for embryos, eggs and/or sperm which are frozen.** Storage fees will be debited on annual basis. Semen will be charged in April and Embryo in October. Storage fees are non-refundable.
2. TasIVF will send a receipt for the storage fees should the payment be processed successfully.
3. It is my responsibility to notify TasIVF of any changes to the credit card details below.
4. Should my credit card be declined for any reason, TasIVF will make a second attempt to process the payment. If the second attempt fails, TasIVF will send an invoice for the outstanding storage fees to the most recent address I have provided. This invoice will be subject to standard payment terms of TasIVF. If the account remain unpaid after 30 days, the account will be forwarded to our collection agency.
5. If I wish to dispute any amount debited to my credit card by TasIVF, I will give notice of this to TasIVF in writing or by telephone. TasIVF will investigate the matter and provide a written or oral response within 5 working days. If required, TasIVF will make appropriate adjustments or refer the matter to my financial institution. Additional fees charged by the financial institution will be covered by the party who is responsible for any error.
6. TasIVF will keep my credit card details confidential, and will not use them for the purpose other than to debit embryo or gamete storage fees in accordance with this agreement. Please note that by law TasIVF must retain your credit card details for not less than seven years from the date of the last debit as verification of the authority to debit.

#### Credit Card Details:

Name on Card: \_\_\_\_\_

Card Type: VISA MasterCard (Please circle) Card Expiry: \_\_\_\_ / \_\_\_\_

Card No: \_\_\_\_\_

Security No: \_\_\_\_\_ (Found on reverse side of card, last 3 digits of the number in signature panel)

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_