

# Definition

— skin & laser clinic

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## Recurring Payment Authorisation Form

Schedule your payments to be automatically deducted from your debit/credit card. Just complete and sign this form to get started!

### Here's How Recurring Payments Work:

You authorise regularly scheduled payments to be debited from your debit/credit card. You will be charged each month for the total amount due for that period (£49.00/£72.00/£99.00). If you request a receipt it will be emailed/mailed to you and the payment will appear on your bank statement. You agree to pay £49/£72/£99 per month taken on the 1<sup>st</sup> (if it falls on a weekend it may be taken the next business day) for 6 months. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

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### Please complete the information below:

I \_\_\_\_\_ authorise Definition Clinic to debit my account  
(full name)

indicated below on the 1<sup>st</sup> of each month for payment of my subscription to *The Clinic Pass*

- £49.00 per month for £60.00 Treatment Credit       £72.00 per month for a Specialised facial inc
- £99.00 per month for £120.00 Gold Treatment Credit
- Microdermabrasion & Dermalux  
CACI Facial & Dermalux  
AHA or Enzyme Peel & Dermalux  
Medik8 Superficial Chemical Peel      Medik8 Resurfacing Facial & Dermalux  
Medik8 Platinum Facial  
Definition Signature Relax Facial & Dermalux  
Definition Signature Relax Facial & Mini back massage  
Dermalux Relax

I understand that I will only receive advance notice of the payment if it exceeds £49.00/£72.00/£99.00

Billing Address & Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Debit/Credit Card Details.

Name on Card _____	<input type="checkbox"/> Debit	<input type="checkbox"/> Credit
Bank Name _____	Credit Card Payments incur a 2.5% charge	
16 Digit Card No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Expiry Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	Start Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	Issue Number <input type="checkbox"/> <input type="checkbox"/> Sec. Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorisation will remain in effect until I cancel it in writing, and I agree to notify Definition Clinic in writing of any changes in my account information or termination of this authorisation at least 30 days prior to the next billing date outside of the 6 month minimum term. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For all payments, I understand that because these are electronic transactions, these funds may be withdrawn from my account, but may not show in my statement for 3 days after the payment date. In the case of a Transaction being declined, I understand that Definition Clinic may at its discretion attempt to process the charge again within 30 days, and agree to an additional £5 charge for each attempt declined which will be initiated as a separate transaction from the authorised recurring payment. I acknowledge that all transactions to my account must comply with the provisions of UK law. I certify that I am an authorised user of this debit/credit card and will not dispute the scheduled transactions with my bank; provided the transactions correspond to the terms indicated in this authorisation form.