



Updated August 2020

Afterpay Authorisation form

Patients Name: _____

Provider: _____

Merchant Fees to be deducted: _____
(6.00% X Settlement Amount + 0.30 (plus GST))

I understand and have been made aware what fees will be deducted as an expense from my gross salary.

Provider Printed Name: _____

Signed: _____

Date: _____

Practice Manager: _____