



Speech and Language Services, Inc.

CREDIT CARD AUTHORIZATION FORM

Name on the Card: _____

Type of Card: Visa MasterCard AMEX HSA / FSA

Account number: _____

Expiration Date: ____ / ____ Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

I hereby authorize Talk Time Speech & Language Services, Inc. to charge the above listed card for Speech Therapy Services.

Please initial your preference: ____ Charge only when payment is late.
 ____ Charge monthly

This authorization shall remain in force as long as my child is receiving Speech Therapy services from Talk Time Speech & Language Services, Inc.

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

Patient's Name: _____ DOB: _____

Email for receipt of charge: _____