

---

### Credit Card Authorization Form

Please use the following credit card to process payment.

Child's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_  
(We accept Visa, MasterCard, American Express, Discover and Diners Club.)

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month            Year

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

Email address for the receipt: \_\_\_\_\_

This credit card is:

to use THIS TIME ONLY.

to KEEP ON FILE for future monthly charges going forward.

Signature: \_\_\_\_\_

Notes:

*\* Please note, credit cards will be charged by the second week of the **following month** of therapy (e.g. Total January therapy services charged on or before February 14<sup>th</sup>). A paid receipt will be sent by Stripe.com© to the email address specified in this form.*