



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 15th).*