



## Authorization for Credit Card Use

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\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone number

Credit Card Type  
 Visa  MasterCard  Discover  American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV

\_\_\_\_\_  
Billing Zip Code

### Payment Policy

I authorize SpeechBuilders, LLC to charge the agreed upon amount (\$250 for evaluation, \$60 for 30 minute treatment session, or your specific copay amount) to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. SpeechBuilders, LLC will charge the listed card for initial service/evaluation within 48 hours of the services being performed. All therapy sessions will be charged weekly on Fridays to the listed card . I also understand that according to SpeechBuilders, LLC attendance policy, I will be billed a \$25.00 no show fee if I cancel with less than 4 hours notice.

Print your full name and sign:

X  
\_\_\_\_\_

Ip Address