



**A Speech Connection Clinic**

## Authorization For Credit Card Payment

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

CARD HOLDER NAME \_\_\_\_\_

BILLING

ADDRESS: \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_\_ CVC \_\_\_\_\_

I \_\_\_\_\_, authorize A Speech Connection Clinic to charge the credit card listed above for Speech Services. I understand that the card will be charged on/for the date(s) that services are rendered.

\_\_\_\_\_  
Card Holder Signature

Date: \_\_\_\_\_