

CREDIT CARD AUTHORIZATION FORM

*Please note that for your convenience, you now have the option of choosing the method of payment. Once you receive your invoice, you can click on the Pay Now button and choose credit card, bank transfer, or Apple Pay. Initially you will need to provide this information through a secure site. If you prefer, I also can take payment with Go Payment. Please remember that payment has to be received by the 15th of each month for services rendered the previous month.

Name on the Card: _____

Type of Card: Visa MasterCard

Account number: _____

Expiration Date: ____ / ____ Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

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

Please initial your preference: Automatic charge when payment is late
 Charge monthly
 I will make online payment
 Other (to be agreed upon with owner)

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

Cardholder's Name: _____

Cardholder's Signature: _____ Date: _____

Patient's Name: _____ DOB: _____

Email for receipt of charge: _____