



Debit/Credit Card Agreement

By signing this form you give Wyoming Speaks Speech Therapy P.C. permission to debit your account for the amount indicated on or after the indicated date. This is permission for current and future services as outlined in this agreement, and does not provide authorization for unrelated debits or credits to your account.

☐ I, _____ (client or parent/guardian name) authorize Wyoming Speaks Speech Therapy P.C. to charge fees rendered for therapy services to the credit card provided herein.

☐ I understand that the provided credit card will be charged for services rendered **after each session** and that I will receive a printed invoice as a receipt of payment.

Cardholder, please sign and date:

Date

Card Type: Visa Mastercard Discover

American Express HSA FSA Other: _____

Billing Address (City, State, Zip) :

Name on Card: _____

Card # _____ - _____ - _____

Expiration Date: _____

CVC: _____

Credit Card Authorization

I authorize Wyoming Speaks Speech Therapy P.C. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for therapy services, for the amount invoiced by the practice, and is valid for ongoing monthly and weekly services. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Initials: _____