Speech 4 Kidz, Inc.

Credit Card Authorization Form

Patient Name: _____ Date: _____

I authorize Speech4Kidz, Inc. to charge the portion of my bill that is my financial responsibility to the following debit/credit/HSA card:

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: ___/___/_____ Security Key (back of card): _____

Cardholder Signature: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, authorize Speech4Kidz, Inc. to charge the card on file for co-pay/co-insurance, and any charges not covered by my insurance.

Credit card information is kept confidential and secure, and may used until written notice is given by the cardholder.

Cardholder Signature: _____ Date: _____

E-mail (for Receipt): _____

If you have any questions/concerns, please contact administration at 910-395-2995 or 910-353-2440.
Thank you for your business!

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58 Office Park Drive · Jacksonville · North Carolina · 28546 · P 910.353.2440 · F 910.313.0951

2543 Ravenhill Drive · Suite E · Fayetteville · North Carolina · 28303 · P 910.395.2995 · F 910.313.0951

36 Southend Court · Hampstead · North Carolina · 28443 · P 910.395.2995 · F 910.313.0951