

# Speech Beginnings, PLC

Speech-Language Services: Evaluation and Therapy



speechbeginnings.com • 571-481-4344 • speechbeginnings@gmail.com

## Credit Card Charge Authorization Form

The undersigned hereby authorizes Speech Beginnings, PLC to charge the below-referenced credit card for services rendered and any related expenses. In addition, as per the signed Service Agreement, I understand my credit card will be charged in the event that:

- proper cancellation procedures are not followed as noted on Service Agreement (one-half of regular charge for first missed appointment; full fee for any subsequent missed appointments)
- a check is returned for insufficient funds (fee of \$35.00)
- services are terminated by either party for any reason. Your credit card will be charged on the date of termination for unpaid services.

I, the undersigned, further understand it is my responsibility to inform Speech Beginnings, PLC of any changes to my credit card information including address, zip code, updated expiration dates, account numbers and security codes. I understand I will be responsible for any bank chargeback fees in the event that this information is not kept up to date.

**{PLEASE PRINT CLEARLY; CIRCLE ONE CREDIT CARD BELOW}**

**VISA**

**MASTER CARD**

**DISCOVER**

Account No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

### **Please check one:**

\_\_\_\_\_ I hereby give consent for my credit card listed above to be charged the full amount due to Speech Beginnings PLC on or about the third of the month following services. Unless otherwise requested, I will be provided with an electronic invoice receipt after payment is charged.

\_\_\_\_\_ I would like to pay by check/cash at the end of the month. **(If payment is not received by the 15th day of the month following services rendered, my credit card will be charged the full amount plus a late fee of \$25.00 on the 16<sup>th</sup> day of the month following services rendered.)**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

{Please return this signed authorization to the above address or send by scanned transmission.}

