

PRO

RECOVERY AND THERAPY

CREDIT CARD AUTHORIZATION

I, _____, the Parent/Guardian of _____ (the client), am choosing to authorize PRO Recovery and Therapy to store my credit card information within their electronic record keeping system.

Please choose one of the following options:

_____ Recurrent Authorization: Please charge my card on the 1st day of each month for my entire balance.

_____ Recurrent Authorization: Please charge my card on the 1st and 15th day of each month for my entire balance.

I hereby authorize PRO Recovery and Therapy to deduct the payment amount on the day indicated above from the following debit/credit card account:

Type of Card: _____ Card Number: _____

Expiration Date: _____ CVV Code: _____ Billing Zip Code: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____