



Credit Card Authorization

I, _____, give authorization for Speech Learning Center (Talric, Inc.) to charge my credit/debit card for my contracted costs for the following services (check all that apply).

- Speech and Language Evaluation**
- Speech Therapy**

I understand the withdrawal will be made when the fee is known. When the fee is unknown due to changing insurance fees, the charges will be made when an EOB is received and/or fees are determined. If my card should decline, expire, or if the card has been rejected, it is my responsibility to inform Speech Learning Center of any changes immediately.

Patient Name: _____

Name on Card: _____

Type of Card (VISA or Mastercard accepted): _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ **Security Code:** _____

Zip Code: _____

Signature

Date

Email Address

Relationship to Patient