



**Super Speech Solutions, LLC**  
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### **Authorization for Credit Card Use**

By signing this form you give [Private Practice Name / Private Practitioner] 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.

Name on Card: \_\_\_\_\_

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

Credit Card Type:

Visa    Discover    Mastercard    American Express    FSA

Other \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Identification Number: \_\_\_\_\_ (3 digits on back of card)

I, \_\_\_\_\_ (client or parent/guardian name) authorize Super Speech Solutions, LLC 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 / at the end of the month) and that I will receive a printed invoice as a receipt of payment.

Cardholder, please sign and date:

Print Name: \_\_\_\_\_

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

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### **Credit Card Authorization**

I authorize [Private Practice Name/Private Practitioner] 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.