

**Super Speech Solutions, LLC**  
**Meera Raval Deters M.A., CCC-SLP, BCTS, ACAS**  
**meera@superspeechsolutions.com**  
**713-364-4398**

## Authorization for Credit Card Use

By signing this form you give Super Speech Solutions, LLC 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 and that I will receive an e-mail from the Square app as a receipt of payment.

Cardholder, please sign and date:

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

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

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

### Credit Card Authorization

I authorize Super Speech Solutions, LLC 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.