



**AUTHORIZATION TO BILL CREDIT CARD FOR SERVICES
FAX OR EMAIL THIS FORM:
704-935-5305 OR MEKA@NATURALLYSPEAKINGINC.ORG**

I, _____ AUTHORIZE NATURALLY SPEAKING, INC TO BILL MY CREDIT CARD FOR SPEECH THERAPY SERVICES RENDERED. I UNDERSTAND THAT MY CREDIT CARD MUST BE VALID AND UPDATED UPON EXPIRATION, IN ORDER TO RECEIVE SERVICES. THIS FORM IS VALID AS LONG AS SERVICES ARE BEING PROVIDED. THE RECURRENT BILLING WILL AUTOMATICALLY TERMINATE UPON THE DISCHARGE OF SERVICES, IF NO BALANCE REMAINS. I AUTHORIZE NATURALLY SPEAKING INC, TO KEEP MY CREDIT CARD AND SIGNATURE ON FILE AND TO CHARGE MY ACCOUNT FOR SERVICES WITHIN 3-5 DAYS AFTER EACH THERAPY SESSION.

NAME ON CARD: _____

TYPE OF CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVC CODE: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CLIENT'S NAME (PRINT): _____

AUTHORIZED SIGNATURE: _____

DATE SIGNED: _____

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