

Total Communication Therapy, LLC
Totalcommunicationtherapy@yahoo.com
(770) 954-5655

Authorization for Credit Card Use

By signing this form you give Total Communication Therapy, 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
 Other _____

Credit Card Number: _____

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

I, _____ (client or parent/guardian name) authorize Total Communication Therapy, 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 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 Total Communication Therapy, 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.