

Credit Card Authorization

I authorize Playworks Speech Therapy, PLLC to charge my credit card for services rendered.

Card: Visa MasterCard Discover AmEx

Card Number: _____

Expiration Date: _____

CVC code: _____

Name on Card: _____

Signature: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Thank You!

