



## Credit Card Authorization Form

Please complete all fields below in order for Gold Speech to accept and bill your credit card. Sign and date, and submit through our secure web site portal. All information kept on file is strictly confidential.

Name of client receiving speech therapy with Gold Speech: \_\_\_\_\_

Name of person filling out form and relationship to client: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  American Express  Discover

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Credit Card Security code: \_\_\_\_\_

Please check the appropriate paragraph(s):

**Recurring Billing:** I hereby authorize Gold Speech to charge the credit card indicated above on a periodic basis for the amount due on this client account. This Recurring Payment Authorization shall remain in force until cancelled by me in writing.

**One Time Use:** I hereby authorize Gold Speech to charge the credit card indicated above for the amount of \$ \_\_\_\_\_. This is a one-time charge authorization. I am not authorizing Gold Speech to setup my account within a recurring billing system; rather, I prefer to pay by check or cash on all future billings. I understand that if I want Gold Speech to charge any balances to my credit card in the future, I will need to submit another authorization form at that time.

### Authorization:

I hereby authorize Gold Speech to charge the indicated credit card. I am aware of the company policy requiring cancellation by 7:00 a.m., if not sooner, the day of the scheduled session, else a half fee is charged to the client account. I am aware that I cannot receive reimbursement from my medical insurance for late cancellation fees of missed sessions. I agree that this is either a recurring or one-time charge that will be made as indicated above, and I will not dispute it in the future. To terminate the recurring billing process, I must cancel in writing. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this recurring or one-time billing agreement with Dawn Gold.

Type in Electronic Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify that this electronic signature serves as my own.*