



CREDIT CARD PREAUTHORIZATION FORM

*** NOTE: This is an optional form. Please complete ONLY if you prefer to pay for speech and language therapy services with your credit card ***

I authorize Children's Speech and Language Services of Springfield, LLC, to keep my signature on file and charge my credit card for:

_____ Current balance of \$ _____ as of _____
Date

_____ Recurring weekly charges

_____ Charges for this visit only: _____
Date

I understand that this form is valid unless I cancel the authorization through written notice to Children's Speech and Language Services.

Client Name

Card Holder Name

Card Holder Address

_____ City State Zip Code

_____ Credit Card Number Expiration Date Security Code

_____ Card Holder Signature Date

Children's Speech and Language Services of Springfield, LLC

6354 Rolling Mill Place #103 ♦ Springfield, Virginia 22152

Phone: 703-866-0344 ♦ Fax: (703) 866-0233

www.cslstherapy.com