



Wake Pediatric Speech Therapy




CARY office:
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Suite B1, Cary, NC 27511

Contact Information:
(P) 919-593-8104
(F) 919-882-8110

CLAYTON office:
9933 U.S. 70 Bus. Hwy W.
Clayton, NC 27520

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting our office. This authorization will remain in effect until cancelled. HSA and FSA cards are accepted.

Credit Card Information We accept all credit cards below. You do not need to check the box.		
Card Type:	<input type="checkbox"/> 	<input type="checkbox"/> 
		<input type="checkbox"/> 
Cardholder Name (as shown on card): _____		
Child's Name: _____		
Card Number: _____		
Expiration Date (mm/yy) _____		CVV # _____
Cardholder ZIP Code (from credit card billing address): _____		

I _____, authorize Wake Pediatric Speech Therapy, PLLC to charge my credit card above for agreed upon speech therapy services (please select one of the following):

for recurring payments on the 15th of each month in the amount stated in my monthly statement.

OR

for recurring payments on the 30th of each month in the amount stated in my monthly statement.

OR

only in the event that my account is 60 days overdue.

I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date