



Speech World, LLC

6614 Atlantic Blvd, Jacksonville, FL 32211
Phone (904) 685-4267 Fax (888) 504-5656

CREDIT CARD AUTHORIZATION

I, _____, give Speech World, LLC permission to bill my
Credit Card # _____ expiration date: _____
CSC (_____) for a payment of \$ _____ after each session.

Please provide the following information in order to process your payment:

*This information should reflect the information provided to the credit card
company

Billing Address: _____

City _____ State _____ Zip Code: _____

Phone: _____

E-Mail: _____ (for receipt of payment)

I understand that if I do not give 24 hours notice to cancel an appointment. I will
be responsible for a \$20 fee the missed appointment and it can be billed to my
credit card.

I understand Speech World, LLC will keep this information on file for billing.
Unless otherwise directed by me.

Parent/Guardian Signature

Date
