



REDMOND
SPEECH & LANGUAGE
SERVING ALL OF CENTRAL OREGON

CREDIT CARD AUTHORIZATION

Redmond Speech & Language: Total Communication Services, LLC offers the convenience of leaving a credit card on file to handle all copays and any applicable fees regarding your therapy.

If you are interested in utilizing your credit card/debit card as a consistent form of payment, please fill out the section below and notify the therapist you have done so. Thank you.

I authorize Redmond Speech & Language, LLC to keep my signature on file and to charge my account for balance of charges not paid by insurance within 60 days and not to exceed \$_____.

Circle one: American Express Visa MasterCard Discover Card

_____ This visit only

_____ All visits this year

_____ Co-payments

_____ No show or late cancellations charges

_____ All visits from _____ to _____

_____ Recurring charges of \$ _____

I understand this form is valid for one year unless I cancel the authorization through written notice to Redmond Speech & Language.

Client's Name _____

Cardholder's Signature _____

Card # _____

Expiration Date _____ CVC Code _____

Zip Code _____ Email Address (for receipt) _____