



REDMOND  
SPEECH & LANGUAGE  
SERVING ALL OF CENTRAL OREGON

## CREDIT CARD AUTHORIZATION

Redmond Speech & Language: Total Communication Services, LLC is requesting a credit card/debit card as a consistent form of payment, please fill out the section below. 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) \_\_\_\_\_