

Credit Card Charge Authorization Form

The undersigned hereby authorizes My Speechee (Bignity Ventures, LLC) to charge the below-referenced credit card for services rendered and any related expenses. In addition, I understand my credit card will be charged in the event that:

- I do not pay my invoice in full on the date it is due.
- Proper cancellation procedures are not followed as noted in the Cancellation and No-Show Policy.
- A check is returned for insufficient funds (fee of \$25.00)
- At discharge, if an account balance remains, your credit card will be charged for any unpaid services through the date of discharge.

I, the undersigned, further understand it is my responsibility to inform My Speechee of any changes to my credit card information including address, zip code, updated expiration dates, account numbers and security codes.

PLEASE PRINT CLEARLY; CIRCLE ONE CREDIT CARD BELOW

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Account No. _____ - _____ - _____ - _____

Expiration Date: _____ Security Code: _____

Name as it appears on Credit Card: _____

Billing Address: _____

BY SIGNING BELOW, I UNDERSTAND THAT IF MY BALANCE IS NOT PAID IN FULL 5 DAYS AFTER MY PAYMENT IS DUE, THE ABOVE CARD WILL BE CHARGED FOR ALL PAYMENTS OWED TO MY SPEECHEE.

Signature _____ Date _____

****Evaluation/Therapy services will not begin until this form is returned to My Speechee.****