



## CREDIT CARD ON FILE/BILLING AUTHORIZATION FORM

Due to the recurring appointment nature of therapy, Milwaukee Myo/Mequon Speech and Learning Connection will keep your credit/debit card on file for any no shows or late cancellation fees that are incurred. We prefer to manually swipe your card at each visit to avoid extra fees so we will not use this information weekly. You may cancel this automatic authorization at any time.

PATIENT NAME: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

CARD TYPE (circle one): Visa      Mastercard      American Express      Discover

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_