

### Credit Card on File

This form is to be used for manual entry of credit card information for payment of therapy services, and/or late cancellations. The client / parent will always be notified in advance when this form of payment will be used.

Please complete:

- Name on Credit Card: \_\_\_\_\_
- Credit Card #: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- CVV2 Code: \_\_\_\_\_
- Billing Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature (for Authorization)

\_\_\_\_\_  
Date

Client Name\*: \_\_\_\_\_

File #: \_\_\_\_\_

\*All child / teen files must have Credit Card on File.