



# DISCOVERING EXPRESSION

SPEECH & LANGUAGE

## Credit Card Agreement Form

Name of Child: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_

Card type (HSA/ FSA, debit or credit): \_\_\_\_\_

Email you want receipt sent to: \_\_\_\_\_

Address card is linked to: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

By completing this form I agree to allow Discovering Expression Speech & Language to process my co-pays/ co-insurance for appointments at time of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_