



Credit Card Charge Authorization Form

By signing this form you give TicTalkToes Therapy permission to charge the card, referenced below, for current and future services as outlined in this agreement and does not provide authorization for unrelated debits or credits to the account. The payment authorization is for therapy services, for the amount invoiced by the practice, and is valid for ongoing monthly and weekly services until cancelled in writing by both parties. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name on Card: _____

Billing Address: _____

Credit Card Type:

- Visa Discover Mastercard
 American Express FSA Other _____

Credit Card Number: _____

Expiration Date: _____ **Card Identification Number:** _____ (3 digits on back of card)

____ I, _____ (parent/guardian name) authorize TicTalkToes Therapy to charge fees rendered for therapy services to the credit card provided herein.

____ I understand that the provided credit card will be charged for services rendered and that I will receive a printed invoice as a receipt of payment.

____ In the case that information is not kept up to date and there are bank chargeback fees, I understand I will be responsible for these fees.

____ I understand that the provided credit card will be charged in the event that:

- A cancellation is made less than 24 hours in advance, except in the case of an excused absence (illness or emergency).
- A deposited check is returned. In this case, a fee of \$25 in addition to any associated bank fees that are charged to TicTalkToes Therapy as a result of a returned check will be charged to your credit card.
- My child does not arrive for his scheduled therapy appointment and is considered a “no show.”

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

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