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CREDIT CARD AUTHORIZATION FORM

I authorize Jennifer Berkey, M.S., CCC-SLP to charge my credit card for speech services rendered.

I understand that payment will be processed in accordance with the billing policy.

I understand that this form is valid unless I cancel the authorization through written notice.

Please PRINT all information below

BILLING INFORMATION

Client name: _____

Cardholder name (as it appears on card): _____

Cardholder address (as it appears on billing statements):

Street _____

City _____

State _____

Zip _____

CREDIT CARD DETAILS

Circle type of card: Mastercard/Visa

Card #: _____

Expiration Date: _____

Cardholder Signature: _____

Date: _____