



Developmental Therapy Associates
& Absolute Speech and Language Therapy

3624 Shannon Rd. Suite 104
Durham, NC 27707
Phone: 919-493-7002
Fax: 919-403-1407

875 Walnut St. Suite 100
Cary, NC 27511
Phone: 919-465-3966
Fax: 919-465-3886

186 Wind Chime Ct. Suite 104
Raleigh, NC 27615
Phone: 919-870-1280
Fax: 919-870-1285

Credit Card Authorization

This form is for you to supply DTA/Absolute Speech & Language Therapy with credit card information to keep on file for the payment of all services and fees.

Child's Name: _____ Child's DOB: _____

Card Type (Visa / MasterCard / Discover / AMEX / HSA): _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV Code (Security Code): _____

Billing Zip Code: _____

Cardholder Signature: _____

I hereby authorize DTA/Absolute Speech & Language Therapy to charge the credit card listed above for the payment of all services and fees. This credit card will be kept on file and will remain in effect until the expiration of the credit card account. Applicants may revoke this credit card on file by submitting a written request to the address at the top of this form. A new form must be submitted if any information such as credit card expirations or authorized users is amended. Applicant agrees to pay the cost for any returned or challenged payments.

Parent Printed Name: _____

Date: _____

Parent Signature: _____