

Springboard Pediatric Therapy Credit Card on File Billing Authorization Form

Springboard Pediatric Therapy requires a credit card (cc) on file while your child is under our care. You may use any form of payment for your sessions (please see policies form).

I, (FULL NAME) \_\_\_\_\_  
, authorize Springboard Therapy to capture my credit card information and securely store my credit card on file.

I authorize Springboard Therapy to charge my credit card on file for any balance owing on the account.

I certify that I am an authorized user of this credit card.

Patient Name: \_\_\_\_\_

Card Holder's Name (as shown on card): \_\_\_\_\_

Visa  Master Card  Discover  American Express  HSA/FSA  Care credit

CC number \_\_\_\_\_

Security code \_\_\_\_\_ Expiration \_\_\_\_\_ Zip Code \_\_\_\_\_

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