



Authorization to Bill Credit Card for Evaluation

Please bill my credit card for services rendered on _____ (Date)

My credit card information is as follows:

_____ (Name on Card)

Type of Credit Card (please circle) VISA MASTERCARD DISCOVER

Credit Card # _____ Exp. Date _____

_____ 3 digit CCV#

Address: _____

- Please check the type of evaluation your child received:
- [] Articulation Only (Limited Assessment) \$200.00
- [] Comprehensive Assessment \$350.00
- [] Extended Assessment \$500.00
- [] Other _____

Total to be billed to your credit card \$ _____

_____ Signature