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## Credit Card Authorization Form

I hereby authorize Therapy Playground Inc. to charge my credit card in the amount of \$ \_\_\_\_\_ monthly for my child's outstanding account for services provided.

I authorize Therapy Playground Inc. to deduct this payment each month on the \_\_\_\_\_ of the month.

Therapy Playground Inc. will provide you a receipt after your payment has been processed. These charges will continue until your child's account is paid in full.

Please complete the credit card information below.

Select Card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Name on Card	
Card Number	
3-4 digit Security Code (on back of card)	
Expiration Date	

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