



Credit Card Authorization Form

Child's Name: _____

Card Type: **Mastercard** **Visa** **Discover** **American Express**

Credit Card Number: _____

Expiration Date: _____ CVC Number: _____

Name on the card: _____

Billing Address: _____

City: _____ ST _____ ZIP _____

Telephone: _____ Email: _____

I agree to be financially responsible for total payment of treatment performed by the Brent Woodall Foundation for Exceptional Children for the child named above. I certify that I have read the Client Handbook and Financial and Insurance Policy and understand and agree to follow the policies and be personally and fully responsible for payment.

Printed Name of Cardholder

Signature of Cardholder

Date