



Collaborative Pediatric Assessment and Therapies

Credit Card Payment Authorization Form

Sign and complete this form to authorize The Waverly Group, LLC to make a debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. You also agree to notify us 30 days in advance if the credit card is due to expire, or if it is no longer an active card. An active card must be kept on file at all times.

The below credit card will be charged for all services rendered. You will be sent a copy of the paid invoice by email to the address provided by you below.

Please note we **do not** accept American Express.

Please complete the information below:

I _____
(full name) authorize The Waverly Group, LLC to charge my credit card
account indicated below for all services on or after _____.

This payment is for any and all services performed by The Waverly Group.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated above .