



CREDIT CARD AUTHORIZATION

By your electronic signature of this form, you authorize charges to your credit card through Square for services rendered by Ann Arbor Speech & Language Therapy Center, LLC. These charges will appear on your bank/credit card statement as *Ann Arbor Speech & Lang Therapy*. You have the right to request a paper copy of this document.

I authorize Ann Arbor Speech & Language Therapy Center, LLC to charge my credit card through Square. **I also agree to my credit card being charged for late cancellation and no-show fees when applicable.**

- **\$40 for any session that is not canceled at least 48 hours prior to the scheduled session ("late cancel")**
- **50% of any scheduled session fee that is missed without any prior notice to cancel ("no show").**

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Ann Arbor Speech & Language Therapy Center, LLC in writing of any changes in my account information or termination of this authorization.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.”