

## CREDIT CARD AUTHORIZATION FORM:

The following information will be used to charge your credit card at the end of each month for all sessions. In addition to a receipt, you will be sent an invoice regarding the amount charged. Please complete all fields. You may cancel this authorization/change the card information at any time by contacting us at 347-491-4451 or [annastassya@chattychild.com](mailto:annastassya@chattychild.com).

<b>Card Type:</b>  <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
<b>Card number (16 digit number):</b>  _____-_____-_____-_____
<b>Security code (3 digits in back of card):</b>  ____
<b>Cardholder Name (as shown on card):</b>  _____
<b>Expiration Date (mm/yy):</b>  _____
<b>Cardholder ZIP Code (from credit card billing address):</b>  _____

I, \_\_\_\_\_, authorize for Chatty Child to charge my credit card above for agreed upon sessions. I understand that my information will be saved to file for the future for monthly billing on my account.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_