



Credit Card Authorization Form

Please print out and complete this authorization form. ALL INFORMATION WILL REMAIN CONFIDENTIAL.

Cardholder Name:

Billing Address:

Credit Card Type: VISA MasterCard American Express

Last 4 digits of Credit Card:

I authorize Allison Atwood, MS/OTR/L to charge my credit card for agreed upon services rendered, in accordance with Allison Atwood/PlayWrite Therapy Policies.

CARDHOLDER – PRINT NAME, SIGN, AND DATE BELOW

Name:

Signature:

Date: