



1010 South King Street, B-4, Honolulu, Hawaii, 96814  
Phone: 808-593-0030 Fax: 808-593-0026

CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, HEREBY AUTHORIZE  
responsible party

OAHU SPEECH/LANGUAGE PATHOLOGY TO CHARGE MY CREDIT CARD THE  
AMOUNT OF \$ \_\_\_\_\_ PLUS 4.712% TAX FOR SPEECH THERAPY  
SERVICES PROVIDED TO \_\_\_\_\_  
patient name or self

CREDIT CARD INFORMATION:

VISA  # \_\_\_\_\_

DISCOVERCARD

MASTERCARD

EXP. DATE \_\_\_\_\_

VALIDATION CODE \_\_\_\_\_

FREQUENCY OF CHARGES:

ONE TIME ONLY

MONTHLY

THIS AUTHORIZATION IS EFFECTIVE FROM \_\_\_\_\_  
start date

THROUGH \_\_\_\_\_  
end date or TBD

EMAIL ADDRESS (FOR RECEIPT): \_\_\_\_\_

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
print name as it appears on card