



Debit/Credit Card Agreement

I, _____, hereby grant permission for Speech Matters, LLC
(Parent / Guarantor)
to automatically charge my debit/credit card on file for the co-pay/co-insurance/deductible or
session fee for _____.
(Client Name)

I reserve the right to revoke this privilege at any time by contacting Speech Matters, LLC at
info@speechmattersma.com.

I reserve the right to dispute any processed charges that may be in error.

Patient/Guarantor Signature

Date

Type of Card: Debit Credit FSA HSA

Name on Card: _____

Card ending in (last 4 digits): _____

Expiration Date: _____