EVALUATION CENTER FOR LEARNING
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Credit Card Information

Please note that this information is collected for unpaid balances only and not for payment. If a credit card is used, any fees that are incurred in order to process the payment using this method will be added to the base charge. Should you have any questions about the fees, please speak to Dr. Edidin prior to the assessment. Your signature below indicates your acknowledgement and agreement about payment and charges should your credit card be used.

Patient Name:

Parent Name:

Name on Credit Card:

Card Type (please check):

VISA   Discover   MasterCard   American Express

Card Number:

Expiration Date:

Security Code:

Name:____

Authorizing Signature:____

Cardholder acknowledges receipt of goods and/or services for the unpaid balance, which will be listed on the final invoice, and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.