Peninsula Associates
Speech, Language and Learning Services

www.paspeech.com

DEBIT AND CREDIT CARD INFORMATION SHEET

Required information which must be on file with Peninsula Associates before services are provided

CLIENT INFO

CLIENT NAME:_____ **DOB:** _____/_____/_____

PARENT(S)/GUARDIAN(S) NAME(S):_____

ADDRESS: _____

_____

HOME PHONE:_____ **CELL PHONE:** _____

EMAIL: _____

CREDIT CARD INFO

Type of card: (check one) ☐ **debit** ☐ **credit** | ☐ **MasterCard** ☐ **VISA** ☐ **Discover** **(check one)**

Name of card holder as it appears on card: _____
Please print

Billing address for card (include zip code): _____

_____

Debit/credit card number : _____

Expiration date:_____/_____ **V-Code:** _____

Phone number(s) of card holder: _____

I agree that this debit or credit card information will be used either as a primary payment method or as a "default" payment method, according to the payment option I have chosen.

I agree to provide updated debit or credit card information to Peninsula Associates as required to keep my payment information current.

I understand that this information will be kept securely and confidentially by Peninsula Associates. When our services are completed and further services are not anticipated, this information will be shredded and discarded.

_____ _____
Signature of Cardholder **Date**