

**Child Development Associates
6 Palmer Avenue
Scarsdale, NY 10583**

Credit Card Authorization Form

THIS INFORMATION IS PRIVATE AND CONFIDENTIAL

All patients are required to have an active credit card on file. Payment is due at the time of service. Bills that are 30 days past due will be charged to the credit card on file. Accepted forms of payment include cash, check, online bank transaction (e.g., Zelle, Venmo), and credit card.

Check this box if you would like CDA to charge your credit card as the primary form of payment.

Name as it appears on credit card: _____

Phone number: _____

Billing address of credit card with zip code: _____

Email address: _____

Card (Choose One): ___ Visa ___ Master Card ___ Discover ___ American Express

Credit Card Number: _____

Expiration Date: Month/Year _____

CCV OR CID Code: _____

I hereby authorize this credit card to be used for payments for services rendered by Child Development Associates. This authorization will remain in effect until the expiration date of the card or a written request to revoke the authorization is sent to us at:

Child Development Associates
6 Palmer Avenue
Scarsdale, NY 10583

Please advise us immediately if your card is lost and/or stolen.

Card Holder Signature: _____ Date: _____