

**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 one of the Evaluation Center for Learning staff 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:

Authorizing Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*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.*