



Abi's Place mission is to nourish and rehabilitate children with Autism and complex disabilities, enhance their lives within society and cultivate independence.

Credit Card Authorization and Consent Form

I, _____ hereby authorize Abi's Place to charge my credit card for the following charges. You may cancel automatic billing authorization by contacting abisplace@aol.com at which time we will provide you with a Credit Card Authorization Cancellation Request Form. You must sign and return the cancellation form to our office and provide another form of payment. A 3% credit card processing fee will be added to all credit card payments.

- To be kept on file
- Tuition payments (credit card will be charged on or before the 5th of the month according to the Tuition Payment Schedule)
- Bi-Weekly therapy payments (invoices will be sent out and the credit card will be charged every other Friday)
- Type of Card Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Credit Card billing address: _____

Authorized Signature of Cardholder: _____

- By checking this box, I authorize Abi's Place to charge my credit card in the event I miss a payment. My card will be charged 2 weeks (10 business days) after the missed payment. I may avoid this charge by contacting Abi's Place via abisplace@aol.com

My signature above indicates I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honor and abide by the terms of payment.

Signature: _____

Date: _____