

**Achieve Pediatric Therapy & Rehab Credit Card Authorization Form  
2021**

Achieve Pediatric Therapy & Rehab  
1320 Arrow Point Dr. Ste 413  
Cedar Park, TX 78613  
512-260-6990

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

I, \_\_\_\_\_, authorize Achieve Pediatric Therapy & Rehab to charge the credit card I have left on file for Physical/Occupational/Speech therapy services for my child. I understand that my information will be saved on file for future transactions on my account. A statement for all charges is available upon request.

\_\_\_\_\_

Patient Name(s)

\_\_\_\_\_

Guarantor Signature

\_\_\_\_\_

Date