



*FOR KIDS*

phone 919-363-5000  
fax 919-363-5346  
3100 NC Hwy 55, Suite 102  
Cary, North Carolina 27519

[www.dynamictherapyforkids.com](http://www.dynamictherapyforkids.com)

## Credit Card on File Authorization

Patient:

Patient Number:

Parents:

I authorize Dynamic Therapy For Kids staff to use my credit card information to bill for co payments for the above child/children.

Visa / MC / Debit

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Parental Signature

This information can also be provided by calling our office and speaking with the front desk staff.