Chesapeake ADHD Center
of Maryland
Specializing in Attention and Learning Disorders
8607 Cedar Street
Silver Spring, MD 20910

Change of Payment Card Form

Client Name: _____

Circle one: Visa MasterCard American Express Discover

Card Number: _____

Exp: _____/_____ Billing ZIP code: _____

I _____ give permission to charge:
(Cardholder's Name)

- ☐ **ALL** future appointments and other fees for _____, to the above card.
(Client's Name)

- ☐ **ONLY** a single appointment on _____ for _____
(Date of Service) (Client's Name)
_____, to the above card. I wish to keep the last card submitted to the center (a Visa/ MasterCard/ American Express/ Discover ending in _____) as the card on file for all other appointments and fees.

I understand that I can find fee information and policies at www.chesapeakeadd.com or at the office. I also understand that I may choose to instead pay by cash or check, but that this card will be kept on file for any outstanding charges. I understand that if at any time, I choose to pay with a different card than the one listed on this form, I must submit the request in writing to the office via the center's C*hange of Payment Card* form, which is available at the office and at www.chesapeakeadd.com.

Cardholder's Signature: _____ Date: _____

Office use only

1. New card on file entered into QB _____
2. Charges for DOS made _____ Restore card on file _____