



the early intervention center

www.earlyinterventioncenter.org

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Troy, Michigan 48083

248.565.8970 Office

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Permission to Charge Credit Card

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ CVC # _____

By signing below, I authorize the Early Intervention Center to charge my credit card
\$ _____.

Signature _____

Date _____
