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Credit Card Authorization Form

You may pay for services using a debit or credit card (Visa, Mastercard, Discover or American Express). Services will be billed to your card on the same day or by the end of the week for services rendered.

Your signature below gives me permission to charge your card for psychotherapy services. A monthly invoice will be provided to you.

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Card Number

Expiration Date _____

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Name (as it appears on card)

Address

Email Address

I authorize Patricia Brunner, Ph.D. to bill credit card noted above for psychotherapy services rendered.

Authorized Signature

Printed Name

Date

Date Authorized by Phone _____

Phone authorization received by _____