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Credit Card Authorization Form

Person Responsible for Billing: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____/_____/_____ CVC Code: _____

Billing Zip Code: _____

I, _____ (printed name) authorize this credit card to be used for the agreed upon fee at the time of service, and for any missed or late canceled appointments, per Dahlia Greenbaum, LMFT's office policies. I agree to have this credit card be kept on file for ongoing use, and will notify Dahlia Greenbaum, LMFT, if any updates or changes to the credit card occur.

_____

Cardholder Signature Date