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Credit Card Authorization

Please debit my credit card in the amount of _____ for counseling services rendered each session. I understand that this amount will be debited as long as our counseling relationship continues (unless I notify you to stop or modify this arrangement).

MC/VISA/DISCOVER CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

YOUR EXACT NAME ON THE CARD _____

YOUR EXACT BILLING ADDRESS _____

_____ ZIP CODE _____

PHONE NUMBER _____

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YOUR SIGNATURE _____

DATE _____

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