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Credit Card Authorization

I, _____, authorize Monica Huston to charge my credit card for retainer purposes and any unpaid balances and fees associated with my Psychotherapy.

Any fees that are not paid at the time services are rendered will automatically be charged to my credit card. A receipt of the charge will be mailed to me.

Name as it appears on card

Type of Card

Card Number

3 or 4 digit code

Expiration Date

Phone Number

Billing Address for Statement

City, State, Zip

Signature

Date