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Credit Card Authorization Form

Please fill out the following completely.

I _____ authorize Deborah Essex, MFT

to charge the following:

_____ Type of Credit Card

_____ Name of Card Holder

_____ Number on Credit Card

_____ Expiration Date

_____ 3 digit code

_____ Billing address

_____ Amount of co-pay per visit

_____ Signature of Cardholder

_____ E-mail address for receipt