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Credit Card Authorization

I authorize Julie Wells to charge my credit card for retainer purposes, session fees, 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.

Name as it appears on card:	
Card number:	
Expiration date:	3 or 4 digit code:
Card billing address with zip code:	

Signature

Date