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CREDIT CARD AUTHORIZATION FORM

Sarah Perl, LCSW accepts credit card payments. Please complete this form to authorize her office to charge you for each session. In accordance with office policy, sessions that are cancelled with less than 24 hours notice will automatically be charged. A receipt will be provided along with a monthly invoice.

Patient's Name:
_____

Please check one:
_____ VISA
_____ MASTERCARD
_____ AMERICAN EXPRESS
_____ DISCOVER

I, _____, authorize Sarah Perl, LCSW to charge my credit card number _____

Expiration date _____
Security code _____
Billing Address _____
_____
_____

_____ _____
Print Name Signature

_____
Date