



CA PSYCHOLOGY

CREDIT CARD AUTHORIZATION FORM

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Card Type:	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Discover	<input type="checkbox"/>	AMEX
Cardholder Name (<i>as shown on card</i>):								
Card Number:								
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Cardholder Zip Code (<i>from credit card billing address</i>):								

I, _____, authorize, CA Psychology, LLC to charge my credit card above for agreed upon fees for services. I understand that my payment information will be saved in my electronic file for future transactions on my account. I agree to keep CA Psychology, LCC, abreast of any changes to my billing information.

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