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CREDIT CARD AUTHORIZATION FORM

I, _____, whose Date of Birth is: _____, hereby authorize Eve GunderKline to charge my credit card \$_____ (plus \$2.00 processing fee) for completed counseling sessions. In the case that I have made other arrangements for the payment of completed sessions, this card will not be charged.

Card type: ___VISA ___MC ___Discover___ AmEx

Card # _____ **Exp. Date** _____

Security Code: _____

Billing Zip Code: _____

Signature of Client: _____ Date: _____

Signature of Therapist: _____ Date: _____