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Credit Card Authorization Form

Credit Card Type

- Visa
- Mastercard
- Discover
- AMEX
- HSA
- Other _____

Cardholder name (as shown on card):

Card number:

Expiration date and security code:

Zip Code:

I, _____, authorize Victoria Leigh, LLC to charge my credit card above for agreed upon purchases related to psychotherapy - including session fees, copayments, and cancellation fees. I understand that my information will be saved for future transactions to my account.

Customer Signature

Date