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Credit Card Authorization Form

Date: _____

I hereby give Nicolle Arbelaez Lopez, Psy.D., CEDS authorization to charge the below credit card for services rendered to:

Mastercard Visa Discover

Credit Card # _____

Expiration Date _____

Credit Verification Number (3 digit # on back of card) _____

Cardholder Name _____
(as it appears on card)

Cardholder Billing Address _____
(as it appears on credit card statement)

Cardholder Signature _____