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CREDIT CARD AUTHORIZATION

DATE: _____

NAME: _____
(As it appears on the card)

VISA MASTER CARD DISCOVER AMERICAN EXPRESS DEBIT

ACCOUNT# _____ EXP DATE: _____ CVC: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

By signing below, I authorize Grace C. Riddell, L.C.S.W., L.I.C.S.W. to charge current and future services to the above account.

Signature:
