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Credit Card Authorization Form

Omni Psychotherapy, LCSW, P.C. accepts credit card payments. Please complete this form to authorize this office to charge you for each session. In accordance with office policy, sessions that are cancelled with less than 48 business hours' notice will automatically be charged. By request, a receipt will be provided along with a monthly invoice.

Patient's Name: _____

Please check one:

- VISA
- MASTERCARD
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I, _____, hereby authorize
Omni Psychotherapy, LCSW, P.C. to charge my credit card number

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Date _____