

JOAN BELLSEY, LICSW, CAC  
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**CREDIT CARD AUTHORIZATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(As it appears on the card)

VISA      MASTER CARD      DISCOVER      AMEX      DEBIT

CARD# \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CVC: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

By signing below, I authorize Joan Bellsey, LICSW, CAC to charge current and future services to the above account.

Signature:

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