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Credit Card Authorization Form

I authorize Jim Harris, Psy.D. PLLC, to keep my signature on file. I understand that I will be responsible for any and all charges per this agreement. By agreeing to this I am still responsible for paying my bill in a timely manner. This credit card number may be used when I am not present (as in a no-show/late cancellation). I will plan to pay for all my sessions with check, cash, or credit card.

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