

Jodi G. Dunphy, M.A., LPC

I, _____, authorize Jodi G. Dunphy, LPC, LLC to automatically process my credit card for the amount due following each scheduled appointment.

Credit Card Information:

Credit Card Type: _____

Name as it appears on Card: _____

Credit Card Number: _____

Exp Date: _____ CVV Code: _____

Billing Address for Card: _____

Amount to be processed: _____

E-mail address (receipt will be sent via e-mail): _____

Signature Date

