

**JENNIFER A. DECHERT, PSY.D COUNSELING & CONSULTING, LLC
LICENSED CLINICAL PSYCHOLOGIST (NJ#5284 & NY#018990)**

CREDIT CARD AUTHORIZATION

I _____ authorize Dr. Jennifer Dechert to charge my credit card for services rendered.
(NAME)

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE