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Create Positive Change LLC will keep the following card on file:

Card # : _____

Security code: _____

Zip code: _____

Visa / MC / AMEX / Discover

Exp Date: _____

I authorize use of this card for any balances to my account with Create Positive Change LLC such as no shows for appointments, non-payment of session fees or any other fees not covered by insurance if I am using insurance for my bill.

Signature: _____

Date: _____