Phone: 520-661-5376 Fax: 520-423-3802

CREDIT CARD CHARGE AUTHORIZATION

I hereby authorize JULIE MILLER, LPC, LISAC, PLLC/Miller Therapy to make charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until Julie Miller, LPC, LISAC, PLLC is notified by me in writing to cancel it in such time as to afford Julie Miller, LPC, LISAC, PLLC, a reasonable opportunity to act on it.

Name - PLEASE PRINT CLEARLY AS IT	APPEARS ON CARD
Billing Address, including ZIP code - PLEA	ACE DDINT CLEADI V
bining Address, including ZIF code - FLEA	SE FRINI CLEARL I
Phone Number - PLEASE PRINT CLEARI	LY
Email - PLEASE PRINT CLEARLY	
Please circle one: Visa / MasterCard	/ Discover / American Express
CARD NUMBER:	
Expiration Date:	CVV Code;
Charge Amount Authorized:	Billing Zip Code;
(Signature)	(Effective Date)

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