

**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 - PLEASE PRINT CLEARLY

\_\_\_\_\_  
Phone Number - PLEASE PRINT CLEARLY

\_\_\_\_\_  
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)