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I, _____, authorize Pamela Singer, PsyD, to charge my credit card above for agreed upon purchases, which may include individual therapy, group therapy, therapeutic yoga, or consultation. I understand my information will be saved to file for future purchases on my account. I understand my credit card will be charged for missed appointments or late cancellations that violate the 48 hour (business day) cancellation policy unless I explicitly request to pay by other means. It will only be used to pay for therapy services if I express that it is my desired method of payment. I understand that if a card transaction is declined and there is a charge associated with the declined attempt to run the card, I will be charged for the amount of the fee incurred. I understand that I am responsible for updating changes to the credit card on file. I understand that the information will be destroyed following the cessation of services.

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