



66 Park Street, Suite 105
Montclair, NJ 07042
www.evolve-ps.com

(917) 723-9986

Authorization for Credit Card Use

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Please complete this form if you would like Evolve Psychological Services to keep your credit card on file for future payments. You may elect to provide us with credit card information separately for each payment.

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I hereby authorize Evolve Psychological Services to charge the above credit card account for payments owed for services rendered at their office for the following client: _____.

I agree to update any information regarding the account as needed. The above information is complete and correct to the best of my knowledge.

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Please return the completed form in person to your clinician or via email at drgarcia@evolve-ps.com.

Thank you!