

Tara Chalakani, PsyD, LPC, RN 800 Riverview Drive Suite 104 Brielle, NJ 08730

Credit Card Authorization Form

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I hereby affirm that I am the cardholder of the referenced credit card, I authorize Peaceful Minds, LLC to charge the referenced credit card for the purpose of securing an appointment, counseling sessions, or missed appointment fees.			
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Expiration date	CVC Security Code	Bil	lling Zip code
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