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### Contract for Payment

I hereby authorize Dr. Andrew C. Elgort, Ed.D., Inc. to charge my credit card for services rendered.

Patient Name: \_\_\_\_\_

Parent/Guardian (if a minor): \_\_\_\_\_

Credit Card: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code (3 digits on back of card): \_\_\_\_\_

Billing zip code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Parent/Guardian of Minor

\_\_\_\_\_  
Date