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Contract for Payment

I hereby authorize Dr. Andrew C. Elgort, Ed.D., PLC 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