

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

Gordon A. Harris, Ph.D., & Associates, Inc.

I authorize you to charge my bill directly to the credit/debit card listed below:

Name on credit card (exactly as printed)

Billing address for credit card (street, Apt #)

City, State, Zip

Credit card number

Expiration Date

Three-digit security code

Signature

Today's date

I am authorizing Gordon A. Harris, Ph.D., & Assoc., Inc. to charge my credit/debit card for all charges not payable by my insurance.

This authorization is valid until I provide you with written cancellation or change in credit card.