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## **Credit Card Authorization Form**

I,	, (name as it appears on the card) hereby authorize the	
Institute for Clinical Social Work to charge my credit card in the amount of: \$		
	Mastercard	Visa
Card Number:		Expiration Date:/
CVD Code:(3 digits on back of card)		
Billing Address:		
Cardholder Telephone:		_
Cardholder Email:		
Signature:		Date:
	Thank you for your pay	rment!
OFFICE USE ONLY		
Date Processed://	-	
Signature:		