



dyad psychology
THE HEART AND SCIENCE OF THERAPY

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I, _____, authorize Sarit Lesser, Psy.D, to charge my credit card above for professional services outlined in the Informed Consent and Financial Agreement, which were signed at the outset of services.

I understand that the charges will include a service fee of 3% + 30 cents per successful charge. I understand that my information will be saved to file for future transactions on my account, including unpaid balances due and missed session fees.

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