

Oscar Oo, Psy.D., ABPP, FAACP
Board Certified Clinical Psychologist, PSY 22699
4000 MacArthur Blvd., Suite 600, East Tower
Newport Beach, CA 92660
Office (949) 648-3704
Fax (714) 352-6471

Credit Card Authorization Form

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Amount to Charge: \$_____ (USD) one time/per session

I authorize Oscar Oo, Psy.D., ABPP to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for the service(s) in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign, and Date Below:

Signed: _____

Dated: _____

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