

## **Authorization to Send Invoices by Email**

I,invoices for psychotherap	_, hereby authorize Anne Westcott, L.I.C.S.W. to send by services via email.
I further authorize use of r	my email for administrative transmissions.
I would like to receive inv	oices at the following email address:
email address  I may revoke this consent	in writing at any time.
Signature	Printed Name
Date	