



Newark-Granville Psychological and Counseling Services, Ltd.

CREDIT CARD PRE-AUTHORIZATION FORM

I authorize Newark-Granville Psychological & Counseling Services, Ltd to keep my signature on file and to charge the credit card selected below for the following:

- Balance remaining after claims are processed
- Recurring charge of \$_____ to be charged on _____,
beginning _____ until paid in full. *frequency*

Visa MasterCard Discover

Client's Name: _____

Cardholder's Name: _____

Cardholder's Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp Date: _____

3 digit security code on back: _____

Cardholder's Signature: _____ Date: _____