



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information:

Card Type (circle): MasterCard Visa Discover Amex Other:

Cardholder's Name (as shown on the card): _____

Card Number: _____

Expiration Date: _____

Cardholder's (billing) Zip Code: _____

Security Code (on back of card): _____

I, _____ (cardholder's name), authorize North Carolina Psychological Consultants, PLLC to charge the above-referenced credit/debit card for agreed upon purchases and/or contracted psychological services for _____ (name of patient).

I understand that my information will be saved to file for future transactions on my account.

Cardholder's signature

Date