



**Newsome Psychological Services, Inc.**

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**Authorization for Credit Card Use**

*All information will remain confidential*

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Type:     Visa     Mastercard     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 digits located on the back of the card)

I authorize Newsome Psychological Services, Inc. to charge the amount per session to the credit card provided herein. I agree to pay for this purchase/service in accordance with the issuing bank cardholder agreement.

Cardholder – Please sign and date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_