

**NAOMI BERRY, MC, LPC.**  
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**Pre-Authorized Charge Form – CONFIDENTIAL**

I authorize Naomi Berry, MC, LPC, to keep my signature on file and to charge my credit card for:

\_\_\_\_\_ Recurring charges for ongoing treatment per date of service.  
(initial)

I understand this information is kept on file and used only when there is a late cancelation or if you prefer to have me automatically run your card at the end of a session.

\_\_\_\_\_ Client Name

**Credit Card Information**

Credit Card Type: Visa  MC  Amex  Security Code \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

Street City State Zip Code

\_\_\_\_\_ Credit Card Account Number \_\_\_\_\_ Expiration Date

\_\_\_\_\_ Cardholder Signature \_\_\_\_\_ Date