

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