



Credit Card on File Agreement

As an authorized signer on the credit card listed below, I give Psychological Counseling Services, Ltd. permission to utilize the credit card for all charges related to and including services rendered at PCS.

Visa/MC Account Number: _____

Expiration Date: _____

Security Code or CID #: _____

Billing Zip Code: _____

Name on Card: _____

Name of Client(s): _____

Phone Number: _____

Email address: _____

Signature

Date