

**MARRIAGE COUNSELING CENTER OF NEPA, INC.**  
**Kathleen Karnoff, PhD, LPC, NBCC, NBCCH, CCP, DCC.**  
**Clarks Summit, PA 18411**  
**(Tel) 570-586-6020**

**Credit Card Pre-Authorization**

I authorize MARRIAGE COUNSELING CENTER OF NEPA, INC. to keep my signature on file and to charge my account for recurring charges (of \$ 150 for first visit and \$125 for subsequent visits) for counseling services and/or co-pays.

I understand this form is valid for two years unless I cancel or change the authorization in writing. I will not dispute charges (“charge back”) for sessions I have received or that I have not canceled 24 hours prior to a scheduled session. I further authorize:

MARRIAGE COUNSELING CENTER OF NEPA, INC.

To disclose information about my attendance/cancellation to my credit card issuer, if I dispute a charge.

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Client(s) Name PLEASE PRINT

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Cardholder Name

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Cardholder Billing Address: Street                      City                      State                      Zip

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Account Number

Expiration Date

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CCV Code (3 Digit Code on the back of the card)

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Cardholder Signature

Date