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CREDIT & DEBIT CARD AUTHORIZATION FORM

I, _____ authorize
Dr. Kenneth Langlieb, to charge my credit card/debit card for any
and all services rendered to myself or other

(PRINT names below):

I understand my credit card will only be charged AFTER services
have been rendered and I may withdraw this authorization at any
time by providing written notice to Dr. Kenneth Langlieb

Please keep my credit card on file for all future payments for
services rendered.

AUTHORIZED SIGNATURE

DATE