

CREDIT CARD AUTHORIZATION FORM



Insight Professional Counseling, LLC
Celeste Daiber M.Ed., NBCC, LPC-S, RPT-S

CREDIT CARDHOLDER INFORMATION

Name on Credit Card: _____

Type of Credit Card: visa m/c amex discover

Type of Account: Personal Business

Company Name: _____

Account Number: _____ CVC#: _____

Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

AUTHORIZED USER OF CREDIT CARD:
Insight Professional Counseling LLC
Celeste Daiber M.Ed., NBCC, LPC-S, RPT-S
636-724-1224 x2 Fax: [866] 361 8832
celeste@celestedaiber.com

I HEARBY AUTHORIZE THE FOLLOWING CHARGES TO BE APPLIED TO THE CREDIT CARD.

_____ Weekly co-pays _____ \$25 Day of cancellation fee

_____ \$50 No-show fee _____ \$25 Report writing fee

Signature of Card Holder: _____ Date: _____

Signature of Therapist: _____ Date: _____