

**CREDIT CARD AUTHORIZATION FORM**



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

**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., LPC-S, NCC, RPT  
636-489-1822 Fax: [866] 361 8832  
[celeste@celestedaiber.com](mailto:celeste@celestedaiber.com)

**I HEREBY AUTHORIZE THE FOLLOWING CHARGES TO BE APPLIED TO MY CREDIT/DEBIT/HSA/FSA CARD:**

- \_\_\_\_\_ Weekly co-payments
- \_\_\_\_\_ Same day cancellation fee of \$100 or allowable insurance charge whichever is less
- \_\_\_\_\_ No-show fee of \$100 or allowable insurance charge whichever is less
- \_\_\_\_\_ Report writing fee of \$50 - \$150 (depends on urging and time required)
- \_\_\_\_\_ Court appearance fee of \$400 plus \$400 per hour spent preparing

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_\_\_