

MEISTER COUNSELING (CC Authorization Form)
5200 S. Yale Ave. suite 102
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www.meistercounseling.com

*****IT IS POLICY OF THIS OFFICE TO KEEP DEBIT/CREDIT CARD ON FILE. YOU MAY PAY BY CASH OR CHECK, BUT CARD MUST STILL BE KEPT ON FILE*****

Name on Card:

I authorize Michael Meister, LPC (Meister Counseling) to charge my credit/debit card for professional services as follows:

_____ **All visits for which payment was not made at time of visit.**

_____ **To charge my card the regular session fee for each no-show or late cancellation (less than 24 hour noticed per informed consent and cancellation policy agreement.)**

Type of card: Check one of the following:

_____ Visa

_____ Mastercard

_____ Discover

_____ AMEX

Credit card number: _____

CVV Number (on back of card) _____

Expiration Date: _____

Card Holders Billing Address: _____

Card Holder Signature: _____ **Date:** _____

