

**Meredith Counseling and Consulting, LLC**  
**Credit Card Authorization Form**

It is the policy of Meredith Counseling and Consulting, LLC that fees, copays, or deductibles, if any, are paid after each session. We accept cash, checks and all major credit cards. If you would like to pay with a credit card, please complete the information and sign below.

Print Name: \_\_\_\_\_

Credit Card Holder's Name (if different from above): \_\_\_\_\_

Zip Code: \_\_\_\_\_

Credit Card Type (Check One): \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code (located in the back of the card): \_\_\_\_\_

If you would like a receipt of payment please indicate method:

1) Email Address: \_\_\_\_\_

2) Text (cell number): \_\_\_\_\_

I authorize Meredith Counseling and Consulting, LLC to initiate a recurring charge to the credit card indicated above for the amount due each session for copays, deductibles or no show fees. Charges to my account may vary.

I understand that I may cancel my recurring charge upon written notice to Meredith Counseling and Consulting, LLC allowing thirty (30) days time for action on my cancellation notice.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



For authorized use only.
Insurance Carrier: _____
Effective Dates: _____
Copay/Co-insurance: _____
Deductible(s): _____ (Individual)
_____ (Family)