

Cleary Counseling and Consultation, Inc

Jacquyn R. Cleary, MS, LPC, LMFT

1811 South Baltimore Avenue, Suite 200

Tulsa, OK 74119

Tel: 918-978-0176/Fax: 918-392-4741

Email: jackie-cleary@hushmail.com

Date _____

AUTHORIZATION FOR CREDIT CARD PAYMENT:

Client name:

Card number: _____

Card expiration date: _____

Card security code: _____

(Mastercard & Visa: 3 digits on back of card; Amex: 4 digits on front of card)

Name as it appears on the credit card:

Cardholder's address including zip code:

I, _____, the cardholder, authorize Jacquyn R. Cleary, MS, LPC, LMFT/Cleary Counseling and Consultation Inc to process charges to the credit card listed above for my monetary obligation solely related to my treatment with Jacquyn R. Cleary/Cleary Counseling and Consultation Inc.

Cardholder's signature:
