



5150 N. 16th Street Suite C-162 * Phoenix, Arizona * 85016 * 800-273-3479

VISA/MASTERCARD AUTHORIZATION

I, _____, authorize NORTH POINTE COUNSELING CENTER to charge the Visa/MasterCard listed below for services received as a client of NORTH POINTE COUNSELING CENTER. I understand this authorization shall remain valid from the date of my signature below and for 14 days after completion of our last session. I understand that charges will appear on my credit card statement as M. Finecey Consulting Services. I have been informed that I may revoke this authorization by written or oral communication to NORTH POINTE COUNSELING CENTER. I certify that this form has been fully explained to me and that I understand its content.

Name on card: _____

Card Number: _____

Expiration Date: _____ CCV Code (3 digit code on back of card): _____ Visa MasterCard

Billing address of card: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____ Date: _____

For office use only - verification that client has read and understands the Visa/MasterCard Authorization

Authorized Representative: _____ Date: _____

