

Beth Barrineau Ward, LCSW
1811 Sardis Rd., N
Suite 207
Charlotte, NC 28270
704-814-4677

Credit Card Authorization

I, _____ give Beth Barrineau Ward, LCSW permission to credit/debit the account listed below to pay for any/all services during my treatment. Credit card transactions may include the following:

- Full or partial session payment
- Insurance co-payments
- Missed appointment fee
- Account Balances Due
- Phone Sessions

Visa or M/C

Card Holder Name _____
Credit Card Number _____
Expiration Date _____
Card Holder Signature & Date _____

I have read, acknowledge understanding, and authorize Beth Barrineau Ward, LCSW to debit/credit the above card or any other card number that may be used or called in by phone.

Client Signature & Date _____