



Beth M. Warren, MA., LPC-S

Credit Card information

Please provide the following information for charges to be placed on your credit card after a therapy session.

Card # _____

Name of Card _____

Expiration Date _____

Security Code _____

Zip Code _____

You agree to having charges placed on this card for counseling sessions that are incurred either in-person, video sessions, and/or telephone consultation.

Client's Signature

Date