

# Moving Forward, PLC

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## Credit Card Authorization

I authorize Moving Forward, PLC to keep my signature on file and charge my Visa, Mastercard, or Discover for psychotherapy sessions on the date of the session.

**Patient Name:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Cardholder Address:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Please Print Clearly:**

**Credit Card #** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_