

# Grace C. Riddell, LICSW, LCSW-C and Associates

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## CREDIT CARD AUTHORIZATION

Date: \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

Card Type:

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

DEBIT

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### CONSENT AGREEMENT

By signing below, I authorize Grace C. Riddell, LICSW, LCSW-C and Associates to charge current and future services to the above account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_