



**SEAN GORMAN LPC, PLLC**  
**141 East Mercer St. Suite D**  
**DRIPPING SPRINGS, TEXAS 78620**  
**512-865-6616**

**CREDIT CARD PAYMENT AUTHORIZATION FORM**

**CREDIT CARD HOLDER INFORMATION:**

Please check card type: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMEX \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

DATE OF EXPIRATION \_\_\_\_\_ CVC CODE (NUMBER BACK OF CARD) \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Client Name (if different from cardholder): \_\_\_\_\_

**AUTHORIZATION**

I authorize Sean Gorman, LPC, P.C. to automatically process payment using the credit card listed above as services are rendered.

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Signature

Date

**PLEASE CHOOSE ONE OPTION FROM BELOW:**

\_\_\_\_\_ I would like to be notified before you charge my card after each session.

\_\_\_\_\_ I do not need to be notified before you charge my card after each session.