

Jamey Hinman MA, LCDDC, LPC LLC.  
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## Credit Card Authorization Form

**\*\*\* All Fields Are Required \*\*\***

**Full Name** \_\_\_\_\_  
*Name as it appears on credit card*

**Phone Number** \_\_\_\_\_  
*Area Code      Prefix-Line Number*

**Billing Address** \_\_\_\_\_  
*Number                      Street*

\_\_\_\_\_

*City                                      State                                      Zip Code*

**Card Type** \_\_\_\_\_  
*Visa / Mastercard / AMEX / Discover*

**Card Number** \_\_\_\_\_  
*Card number*

**Card Expiration** \_\_\_\_\_  
*Expiration Date (MM / YY)*

**Card CVV Code** \_\_\_\_\_  
*3-Digit CVV Code (4-Digit for AMEX)*

I, \_\_\_\_\_, authorize  
Jamey Hinman, MA, LCDDC, LPC, LLC to charge the above designated credit card. I understand that this card will be charged for missed  
appointments and late cancellations (appointments cancelled without 24 hours advanced notice). It may also be charged for any  
unpaid balance on my account.

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

\_\_\_\_\_  
*Date*