

CREDIT CARD ON FILE / AUTOPAY ENROLLMENT

We require a credit or debit card on file, even if you choose not to participate in autopay. In lieu of charging a late fee for past due invoices, in the event that an invoice is unpaid after 30 days, your card indicated below will be automatically charged. In the event that your card is declined, a \$25 late payment fee may be assessed.

Please complete all fields. You may cancel this authorization at any time by contacting us. Cancelling this authorization indicates that you wish to end coaching services and does not absolve any remaining payments on your account. This authorization will remain in effect until cancelled.

Autopay Enrollment			
By checking "Yes" and by signing below, I agree for my credit card to be charged for the total amount due for that period automatically on the 15 th of each month for services rendered. A detailed hourly account of all services rendered will be attached to each invoice.			
I wish to enroll in autopay			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
CVV (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____			
Cardholder ZIP Code (from credit card billing address): _____			

If the cardholders name is different than the client receiving services, then the cardholder must fill out the **following.

I, _____, authorize Life Skills Advocate, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

**financial responsibility does not necessarily entitle the cardholder to information concerning client care

Signature _____

Date _____