

CREDIT CARD ON FILE

Most Recent Revision: 1.23.2023

We require a credit or debit card on file for day-of-session billing. In the event that your card is declined, sessions will be paused immediately until payment is made.

Please complete all fields. You may cancel this authorization at any time by contacting us. Canceling 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 canceled.

Day-of-Session Acknowledgement
By signing below, I agree for my credit card to be charged for the total amount due for day-of-session services rendered. <input type="checkbox"/> I understand I will be billed and my card will be charged day-of-session.
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): _____
Card billing address: _____
Email Address associated with card: _____

If the cardholder’s 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