

## Credit Card Authorization Form

Learning Coach, LLC - Bellingham, WA - LearningCoachWA.com - 360-207-4560

**Purpose of this form.** By your electronic signature of this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered. These charges will appear on your bank/credit card statement as Learning Coach LLC. You have the right to request a paper copy of this document.

### Client Agreement

*I authorize Learning Coach LLC to charge my credit card through Stripe. I also agree that my credit card can be charged the late/missed session fee of \$45 for any cancellation within 24 hours of the scheduled session, or any missed session not made up within 14 days.*

*I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Learning Coach LLC in writing of any changes in my account information or termination of this authorization.*

*I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.*

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

Client name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal guardian name \_\_\_\_\_ Relationship to client \_\_\_\_\_

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