

Patricia M Castellanos, C.Ht

Certified Hypnotherapist & Coach

HypnoCoaching Service Agreement and Payment Authorization

Date: _____

Client Full Name: _____

Complete Address: _____

I agree to the following Hypnotherapy & Coaching Services based on our consultation. Please review the Service Agreement and select your service/package. If applicable, please make any specific notes that were agreed upon at your consultation. Your payment will be made via Invoice. Next, please provide the email where you would like to receive the invoice for payment. Lastly, please read and complete the Payment Agreement & Authorization, Print, Sign and Date.

Service Agreement

\$200 for 1 HypnoCoaching Session

\$750 for Package of 4 HypnoCoaching Sessions

\$2000 for Package of 12 HypnoCoaching Sessions

Other: _____

Notes: _____

Invoice Authorization

I authorize Patricia M. Castellanos to send an invoice for services as agreed upon to the email below. Invoice payment may be made via ACH Bank Transfer, Debit/Credit Card, or HSA/FSA Credit Card.

Email: _____

Payment Agreement & Authorization

I _____ agree to the services selected and agree to provide payment for services as described herein. I understand these services are based on my goals and growth. I have the option to renew this service agreement with verbal authorization if there is benefit in additional sessions/package to meet my goals.

I understand this form is kept confidential. I understand this form may be revised at any time if changes are needed. Additionally, I understand this agreement is terminated upon termination of services. Please email patty@theexpressioncenter.com 7 business days prior to your payment due date to make any changes.

I authorize Patricia M. Castellanos to send me an invoice for the agreed upon services and amount(s). I agree to pay for the services invoiced in accordance with the agreement and the issuing bank cardholder agreement.

Client Print: _____

Client Signature: _____ Date: _____