

Motivation Lab Credit Card Authorization Form

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Code on Back: \_\_\_\_\_

I authorize charging my credit/debit/health account card for professional services. If I cancel less than 24 hours before my appointment or no-show, I recognize my card will be billed for the full session charge of \$150.00. Initials: \_\_\_\_\_

Check which applies:

\_\_\_\_\_ I am purchasing a 4-session package for the discounted rate of \$500.00.

\_\_\_\_\_ I am paying for individual sessions one at a time.

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within 10 days. Initials: \_\_\_\_\_

Sign by typing name: \_\_\_\_\_

Date: \_\_\_\_\_