

COURAGEOUS LIFE COACHING, INC.

JOLEEN FRIDERES, MS, MPA, NCC

SKYPE ~ CLEAR LAKE ~ ALGONA ~ EMMETSBURG

SESSION COST per hour: Individual: \$90; Couple: \$120; Family: \$150

PAYMENT AUTHORIZATION & AGREEMENT

I _____ (patient name) authorize Courageous Life Coaching to automatically withdraw funds for payment for services, based on hourly rate (above). (I am aware that Courageous Life Coaching does not accept insurance.)

I have made pre-arrangements with Courageous Life Coaching, & I authorize Courageous Life Coaching to automatically withdraw weekly payments of \$_____ until my bill is paid in full. I accept that it is my legal responsibility to pay my bill in full.

I also authorize Courageous Life Coaching to automatically withdraw \$25 in funds as a non-refundable scheduling fee; this is applied to my session payment.

- Check routing/account # _____
- Credit Card Information: Card # _____

Name on Card (exact): _____ Expiration Date: ____/____

If _____ (client name) fails to give more than a 6 hr notice to cancel or reschedule appointment, or if I don't show up for my appointment, I authorize Courageous Life Coaching to automatically withdraw payment for my full scheduled session time (minus the prepaid \$25 scheduling fee).

Authorization Signature : _____ Date _____

Home/ Cell Phone _____ Work Phone(optional) _____

Billing Address _____

Email Address _____

Can electronic invoices be sent to this email? _____

Please note: I honor & value your time, & greatly appreciate that you do the same for me by keeping your scheduled appointments, or canceling/rescheduling a minimum of 24 hours in advance. Thank you.