

# Payment Information & Authorization



## Scheduling Information

Please check all the appointment days and times that are ideal for you:

- |                                    |                             |                             |                                   |                             |                             |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Thursday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Friday   | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Weekend  | <input type="checkbox"/> AM | <input type="checkbox"/> PM |

## Payment Information

Amount

☐ Cash ☐ Check ☐ Credit Card

## Credit Card Authorization

Please complete all of the fields below if you plan on paying by credit card. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Name on Card

Zip Code

Credit Card Number

Card Expiration

Card Type ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover ☐ Other

By signing below, I authorize Serenity Life Coaching + Therapy Name, BGV Consulting, to charge the credit card above for agreed-upon purchases and fees. I understand that my information will be saved for future transactions on my account.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date