Foundations
NUTRITION COUNSELING

www.foundations-nutrition.com
919-307-7414

Credit Card Payment Authorization

I, _____, hereby authorize Foundations Nutrition, LLC,
[Name of Client or Parent/Guardian]
to charge my credit card on file for services rendered. I understand that I am solely responsible for all charges.

Please initial all that apply:

_____ I consent to have my credit card charged in the amount of $145 per hour on an ongoing basis at the time of each session. A receipt will be given to me at any time one is requested.

_____ In addition, should I fail to follow the 24-hour cancellation policy outlined in the Consent for Services, I consent to have my credit card automatically charged the $75 late cancellation/missed session fee. My signature below indicates I give permission to charge the credit card on file for any late cancellation/missed session fees.

_____ I understand it is my responsibility to keep my credit card information up to date.

_____ _____

(Signature of client or parent/guardian if client under age 18) (Date)