



Course Registration & Payment Authorization Form

Please complete the following information. This form will be securely stored in the file I keep for the course and may be updated upon request at any time. This is your consent to make payment for services rendered via credit/debit card and authorize Trade Winds Therapy, LLC & Relationship Coaching to charge your card at the agreed upon rate.

I, _____, agree to register for and attend the six-class course known as ***“Anxiety Busters”*** and hereby authorize Trade Winds Therapy, LLC & Relationship Coaching to bill my credit/debit card at the agreed upon rate for professional services including any of the following:

- Classes that I elect to pay for by credit/debit card
- Missed attendance to class(es)
- Late cancellations with less than 24 hours notice
- Returned checks (amount of check + \$35.00 additional fee)
- Credit card charge back (amount of fee + \$35.00 additional fee)

Card type (check one):

Visa MasterCard Discover

Card # _____ Expiration Date: _____ / _____

Name as printed on card: _____ 3 digit security code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Payment Plan Options:

\$60 / Class (6 payments) \$100 / Month (3 payments) \$260 / Entire Course (1 payment)

Contact Information:

Phone # _____ Email: _____

Preferred way to be contacted: Phone Text Email

May I leave a voicemail?: Yes No May I text you?: Yes No

By signing below, I am authorizing Trade Winds Therapy, LLC & Relationship Coaching to bill my card at the agreed upon rate according to my chosen payment plan for the duration of this course. I will not dispute charge for classes I have attended or classes I have missed according to the stated policy.

Student Signature: _____ Date: _____

Printed Name: _____

Instructor Signature: _____ Date: _____