



Alchemy Coaching & Consulting – The Right Solution, Right Now.

## GUARANTEE OF PAYMENT

I, \_\_\_\_\_, hereby authorize

\_\_\_\_\_ of **Alchemy Coaching & Consulting**, to charge the credit card listed below for any balance I accrue that is outstanding from non-payment on past due accounts. I also authorize the charge of my credit card if I miss a scheduled session or cancel within less than 24 hours.

\_\_\_\_\_  
*Credit Card                      Credit Card Number                      Security Code                      Ex. Date*

\_\_\_\_\_  
*Name as it appears on card*

\_\_\_\_\_  
*Billing Address (please include zip code)*

\_\_\_\_\_  
*Phone number & email address*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

### **\*\*If the financial responsible party is different than the client for adult clients\*\***

I, \_\_\_\_\_, give permission for **Alchemy Coaching & Consulting** to communicate financial information regarding my therapy sessions with:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

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