Clear terms. Confident next steps.

Use this form to document the price, payment schedule, authorization, cancellation terms, and refund rules for GripNewLife coaching services.

Complete before signing: Fill every material policy blank. If an item does not apply, write “N/A.” This form supplements the signed Client Intake Form and Coaching Agreement and, when applicable, the Parent/Guardian Consent and Youth Coaching Addendum.

Client and responsible party

Client / servicerecipient'sfulllegalname

Preferred name

Financially responsible party

Relationship to client, if different

Billing email

Billing phone

Billing address

☐ Adult client pays ☐ Parent / guardian pays ☐ Another responsible party pays

Service and price

Program / package

Service period

Included sessions / deliverables

Session length / frequency

Base fee

Discount or credit

Tax or disclosed processing fee, if lawful

Total agreed price

Payment schedule

Payment	Due date	Amount	Notes / receipt number
1		$	
2		$	
3		$	
4		$	

Deposit due
$

First payment date

Final payment date

Policy	Completed term
Payment due date / grace period	
Failed or returned-payment fee, if lawful	$
Late-payment fee, if lawful	
Cancellation / rescheduling notice	At least _____ hours before the session
Late-cancellation charge	
No-show charge	
Package expiration / unused sessions	
Refund / credit policy	
Billing-error contact method	

_____ **Initials - completed policies.** I reviewed the total price, schedule, cancellation, no-show, expiration, refund, and fee terms above. I understand that a late arrival may shorten a session without reducing its price if the main agreement says so.

Authorization and billing terms

-The financially responsible party confirms that they are authorized to use the selected payment method and that the billing information supplied through the secure processor is accurate.

-GripNewLife may process only the charges authorized on page 2 and may provide receipts electronically. The responsible party will keep billing contact information current.

-If a payment fails or is returned, GripNewLife may notify the responsible party, pause future services, and request another lawful payment method. Any fee must match the completed policy and applicable law.

-To stop future automatic charges, the responsible party must notify GripNewLife through the billing-error contact method early enough for the business and processor to act, and no later than _____ business days before the next scheduled charge. Applicable law may provide additional cancellation rights.

-Revoking payment authorization does not itself cancel coaching services or remove payment obligations already incurred. Service cancellation must follow the signed coaching agreement.

-The responsible party should contact GripNewLife promptly about a billing error when practical. Nothing in this form waives a lawful chargeback, refund, cancellation, or other consumer right.

-Refunds and credits are governed by the completed policy, the signed coaching agreement, and applicable law. No provision removes a right that cannot legally be waived.

☐ **I agree** ☐ **I do not agree**
I authorize renewal of the program described on page 1 at $_____ per _____, beginning _____, until I cancel through _____. GripNewLife will provide any renewal disclosure, reminder, confirmation, or cancellation method required by applicable law. If this section is incomplete, no automatic renewal is authorized.

Acknowledgment

By signing, I confirm that I read this four-page form, had an opportunity to ask questions, received the completed price and policy terms before agreeing, and voluntarily authorize the selected payment arrangement. This form is part of the parties' written coaching agreement. If a completed payment term here conflicts with an earlier general payment term, the more recent, specific, signed term controls only as to that payment issue, to the extent permitted by law.

_____ **Initials - copies and changes.** I may receive a copy of this form. Changes to amount, frequency, renewal, or payment method require a written record and any consent required by law.

Signatures

Financiallyresponsible party - printed name | **Date**

Financially responsible party - signature | **Relationship to client**

Client signature, if different and age 18+ | **Date**

GripNewLife representative - printed name and signature | **Date**

GripNewLife office record

Agreement effective date | **Client copy provided date** | **Payment authorization reference**

Identity / authority confirmed as appropriate | Secure payment setup completed | Receipt sent