



MINDFULNESS

HOLISTIC WELLNESS & HEALING

210 2nd Street St. Marys, WV 26170 ph: (304) 699-1419, fax: (304) 586-6424

Mindfulness Plan

I, _____, am the cardholder/authorized user of the below mentioned card and give Mindfulness, LLC authorization to charge this credit/debit card **weekly** starting the date of this paperwork to pay on my current account balance. I understand that my card will be charged a weekly amount that coincides with the below payment ranges. I understand that there will be an **additional \$1.00 processing fee applied to each weekly amount charged**. I understand and agree to a **10% late fee charge** in addition to my current agreed-upon amount if my credit/debit card is declined two or more times.

I understand that it is my responsibility to update Mindfulness, LLC of any changes to my credit/debit card immediately. I understand that if my account balance increases above the payment ranges listed below, Mindfulness, LLC has authorization to charge the weekly fee associated with each payment range **without contacting me prior**.

I further understand that once my account balance is paid in full, this plan will be held until another balance is acquired. Written request must be given to terminate this plan. Future Mindfulness Plans will need to be reissued or I must pay my service in full at the time it is rendered.

Billing Information:

Name (Cardholder/Authorized User): _____ DOB: _____

Billing Address: _____ Zip code: _____

Mailing Address: _____ Email: _____

Phone number: _____

Card Details:

- Visa
- Mastercard
- Discover
- AmEx
- Other: _____

Name on card: _____ Credit/debit card #: _____

CVV (3 digits): _____ Exp.: _____ Zip code: _____

Payment Ranges (total amount on account balance):

- \$0-\$200 - \$10.00 + \$1.00 = \$11.00/week**
- \$200-\$300 - \$25.00 + \$1.00 = \$26.00/week**
- \$300+ - \$50.00 + \$1.00 = \$51.00/week**

Signature (Cardholder/Authorized User): _____ Date: _____

I certify that I am an authorized user of this payment card and that I will not dispute the scheduled payments outlined above. I understand that my card will be saved on file for the agreed-upon purchases/charges as described herein.

Office Staff Signature: _____ Date: _____