PATHWAYPIXEL

GAMING WITH PURPOSE. EMPOWERING NEURODIVERSE JOURNEYS

PathWayPixel Payment Authorization Form

Purpose:
This form is used to authorize the payment for services provided by PathWayPixel. By completing and submitting this form, you agree to the terms and conditions outlined for payment processing.

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1. Client and Billing Information

- **Client's Full Name**: _____
- **Parent/Guardian Full Name (if applicable)**: _____
- **Email Address**: _____
- **Phone Number**: _____
- **Billing Address**:
  Street Address: _____
  City: _____
  Postcode: _____
  Country: _____

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2. Payment Information

Payment Method (select one):

- o Credit/Debit Card
- o Bank Transfer
- o PayPal
- o Other: _____

Cardholder Name (if using card): _____

Credit/Debit Card Number (if applicable): _____

Expiration Date: _____

CVV Code: _____

Bank Account Details (for bank transfer):

- Bank Name: _____
- Account Number: _____
- Sort Code (if UK-based): _____
- IBAN (for international payments): _____
- SWIFT/BIC: _____

Amount to be Paid: £ _____ (GBP or specify currency)

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3. Payment Terms and Consent

Payment Frequency (select one):

- One-time payment
- Weekly
- Monthly
- Other: _____

Consent to Process Payment:
By signing this form, you authorize PathWayPixel to process payments for the services outlined in the agreement. Payments will be processed in the frequency selected above, and you acknowledge that payments are due in full as per the agreed service terms.

Refund Policy Acknowledgment:
You acknowledge that you have read and agreed to the PathWayPixel Refund Policy, and understand that refunds will be processed based on the terms set forth.

Cancellation Policy:
You acknowledge that you have reviewed and agreed to the cancellation policy for any scheduled sessions or services. Cancellations made within [X] hours/days of the session will not be eligible for a refund.

Marketing Consent (optional):
[ ] I consent to receiving marketing communications, updates, and promotions from PathWayPixel. (You can opt-out at any time by contacting us.)

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4. Agreement

By signing below, you agree to the following terms:

- I authorize the payment of the specified amount for services provided by PathWayPixel.
- I acknowledge that I have read and understood the payment terms, refund, and cancellation policies.
- I understand that this authorization will remain in effect until the services are completed or canceled.
- I certify that I am the authorized cardholder/account holder and that the payment details provided are accurate.

Signature: _____
Date: _____
Printed Name: _____

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5. Contact Information

If you have any questions about this payment authorization form, please contact us at:

- **Email**: thisispathwaypixel@gmail.com
- **Phone**: [Insert Phone Number]

Confidentiality Note:
All information provided in this form will be kept confidential and processed according to PathWayPixel's Data Protection and GDPR policies.