Responsible Adult Payer Acknowledgment

Separate payment arrangement | Adult participant services

Use this unsigned review form only when an adult other than the participant agrees to pay for an identified CWP adult program or coaching service. Complete and verify all details before signing. This acknowledgment records only the payer's accepted financial arrangement; it is not the participant's intake, disclosure, or service consent.

Separate identities and verified connection

Provider legal entity name:

_____

Actual adult payer full legal name and email:

_____

Adult participant full legal name and participant email:

_____

Program or coaching service and dates:

_____

Underlying service agreement or accepted quote title and date:

_____

The payer and participant are distinct people unless the verified source expressly establishes otherwise. A name, payment, family relationship, or emergency contact alone is not a participant identity match. Reta Wilson must verify the payer-to-participant connection before applying a payment to that participant's record.

Connection verified by Reta Wilson date and documented mapping reference:

_____

Exact arrangement accepted by this payer

State the actual agreed amounts in USD or identify another agreed currency. Use confirmed payment records for amounts already received; pending or failed payments are not paid. Do not enter full card numbers, security codes, bank numbers, or account credentials.

Total service price and currency: _____

Portion this payer agrees to pay and currency: _____

Verified prior payments credited to that portion with dates or source IDs: _____

_____

Remaining amount of this payer's accepted portion: _____

Exact installment amounts and due dates or payment schedule attached: _____

_____

Limited payment responsibility

The payer accepts only the portion, currency, and payment dates completed on page 1 and the financial terms specifically identified, supplied, and accepted below. This is not a guarantee of every debt of the participant or an authorization to add fees. Blank fields create no charge, assumed balance, accelerated debt, or obligation to pay the full service price. Resolve missing or inconsistent amounts before signing. Do not pay the full total again after an amount has already been credited.

Applicable cancellation withdrawal refund and rescheduling terms and source:

_____

The payer must receive and may review the relevant completed financial terms before acceptance. An underlying agreement is not changed by this form; any change affecting an existing agreement requires acceptance by the affected parties. Nothing here removes mandatory legal rights or rights arising from services not provided. If CWP cannot provide the agreed service, any replacement must be mutually agreed or payment for the unprovided service returned as required by the accepted terms and applicable law.

No automatic debit or participant consent

Signing does not authorize an automatic charge, recurring debit, subscription, saved payment method, refund transaction, or charge to another person. Each payment uses the separately agreed authorized payment method. The participant separately decides whether to enroll, completes their own intake, and signs their own disclosure or agreement. This adult payer acknowledgment supplies no guardian consent and gives the payer no right to compel participation or control mentoring decisions.

Privacy and copies

Payment does not give the payer access to the participant's intake answers, signed personal disclosures, session information, private progress, or client folder. Share only necessary payment confirmations and administration with the payer; other voluntary disclosure requires the participant's specific informed permission. CWP may retain this acknowledgment and verified payment records privately for administration and lawful obligations. Do not place payment credentials in a client record.

Review and acceptance

I am at least 18 and accept only the completed arrangement above. I may ask questions and retain a completed copy. Electronic signing is optional; a paper alternative may be requested. Routine payment questions: hello@crownedwithpurpose.co.

Payer printed name: _____

Payer signature: _____ Date: _____

CWP representative name and title: _____

CWP representative signature: _____ Date: _____