



## FINANCIAL AGREEMENT FORM

Carmel is glad to work with churches or ministries for those clients who are unable to pay the full counseling fee. Clients may use this Third Party Financial Agreement form to coordinate payments. **Payment of Session Fee Required at Time of Service**

**To Be Completed by Church or Ministry: (Fill in all blanks)**

Name(s) of Client: \_\_\_\_\_

Approval given by (church or ministry name): \_\_\_\_\_

Contact phone # and email: \_\_\_\_\_

Number of Sessions Approved: \_\_\_\_\_

Fee for Carmel Counseling Services	\$ 90.00 per 45-55 min. Session (\$100 after 8/1/19)
Client's church/ministry agrees to pay	\$ _____ per 45-55 min. session
Client agrees to pay	\$ _____ per 45-55 min. session

**Payment Options:** Credit Card (preferred, see attached form) or Check

**To Be Completed by Client: (Fill in counselor name & email)**

If church/ministry is paying by credit card, please have them complete the attached **Credit Card Authorization Form** and scan and email or fax directly to the counselor listed below: **(Card will be charged after each session)**

\_\_\_\_\_ @carmelbaptist.org 704.849.0686 704.815.1972

Counselor Name	Counselor E-mail	Counselor #	Fax
<b>OR: Bring Check for Total # of Approved Sessions Made Payable to:</b>			
Carmel Counseling Center 1145 Pineville Matthews, Rd., Matthews, NC 28105			
Memo: _____ (Counselor Name)			

**SIGNATURE (church/ministry leader):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNATURE of counseling client:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## CREDIT CARD AUTHORIZATION FORM

**Check One:**

\_\_\_\_\_ First Time Authorization    \_\_\_\_\_ Update Information    \_\_\_\_\_ Cancel Authorization

**Check One:**

\_\_\_\_\_ Recurring Authorization    \_\_\_\_\_ One-Time Authorization

**Credit Card Account Information (Please Print):**

Cardholder Name/ Organization Name \_\_\_\_\_

Cardholder Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

Credit Card Billing Address:  
\_\_\_\_\_

**Credit Card Type:**    Visa    Mastercard    Discover

**Credit Card Number:** \_\_\_\_\_

**Expiration Date: (MM/YY):** \_\_\_\_\_    **VID Code:** \_\_\_\_\_

\*By signing this form you are authorizing that this card can be used for each counseling session that has either a written or verbal statement saying this card can be used for payment. The card will be charged at the completion of the session.

**Signature of cardholder:** \_\_\_\_\_

**Authorization Date:** \_\_\_\_\_