

Financial Agreement Form

Please circle the amount you will pay for your counseling session.

Sliding Scale for Suggested Contribution

Family Income: 0-\$70,000	\$70,001-\$85,000	\$85,001-\$100,000	\$100,001 and above
Counseling Fee: \$85	\$110	\$130	\$150

(For more information on our Sliding Scale please refer to the General Information Form)

Cancellation Policy

It is important to note that none of our Daymark Counselors overbook their schedule in anticipation of no-shows or late cancellations. Therefore, your appointment time is reserved only for you. If you choose to begin counseling with any one of them, you should enter the process with an awareness of the commitment involved in both time and focus. To reserve each of your appointments, a credit card must be left on file. If you fail to show up for your appointment or cancel/reschedule less than 48-hour business hours in advance, you will be charged for the appointment. I am granting permission for Daymark Pastoral Counseling to bill my credit card if I miss an appointment with out a 48-hour notice of cancellation.

Name of Counselee: _____

Name on Credit Card: _____

Type of Credit Card: Amex Discover Mastercard Visa

Card Number: _____

Expiration Date: _____

CVV: _____

Home Address: _____

Street

City

State

Zip

Email Address: _____

Signature: _____