



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	\$ 100.00 per 45-55 min. Session
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

OR: Bring Check for Total # of Approved Sessions Made Payable to:

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: _____