TRI-LAKES RELATIONAL CENTER

Business Office
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COACHING FINANCIAL RESPONSIBILITY STATEMENT

Name:_____ **SS# or Drivers Lic. # +State:**_____

Session Fee: $_____ **Weekly Payment Arrangement:** $_____

Financial Policies

- I agree to be responsible for the charges I incur as a result of counseling and/or assessment.
- I understand that charges are based on the amount of professional time used/ reserved for me by my request.
- I understand that all payments are due at the time services are rendered.

Fees

| **Financial Coach** - $55 |

*In addition to the standard session fee, all 1st session appointments will be charged a one-time **$25** assessment and setup fee.*

Cancellation Policy

I understand that if I fail to give 24-hour notice of cancellation, my credit or debit card will be charged for the time which has been reserved for me.

The charge will appear on your bill as coming from: TRC.

Name on Card	***Card Type***	
Credit Card Number		***Expiration Date***
Billing Zip code	***Security/CSC # (3 digit # on back of card)***	

Authorization:

I hereby authorize ***Tri-Lakes Relational Center*** to charge the indicated credit card. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this agreement.

Signature of Card holder (Required):_____ ***Date:***_____

I would like to handle my account in the following way:

❑ Cash at the end of each session (exact change only; we are unable to make change)

❑ Check at the end of each session (payable to: TRC)

❑ Charge my credit/debit card at the end of each session

By signing below I testify that I have read and understand the above financial policies and do hereby agree to fulfill my financial obligations as so stated.

Printed Name	Signature of Client or Guarantor	Date