

FINANCIAL AGREEMENT

Payments are due at each session. If sessions extend beyond this time frame, they will be charged on a pro-rated basis.

I understand and agree to give my therapist **24 hours or more** notice of cancellation or rescheduling. In the event of less than 24 hours cancellation, I understand that I am responsible for the entire fee for that session.

If your personal check is returned for insufficient funds, you will be charged \$35.00 which is the fee the bank charges me to reprocess the check.

You agree to inform me if there are any changes in your ability to pay for your counseling.

Client Signature

Date

Counselor Signature

Date