

## Benefactor Payment Agreement

The purpose of this agreement is to define the relationship of the benefactor (the one paying), the client, and the counselor.

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Name of the Benefactor

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Name of the person receiving financial assistance for counseling (the client)

# of sessions approved: \_\_\_\_\_/unlimited

Benefactor will pay \$\_\_\_\_\_ per session

Client will pay \$\_\_\_\_\_ per session

*\*The benefactor's signature below gives authorization for the client(s) to receive counseling for the number of sessions documented above. The client's signature below verifies acceptance of the terms listed above and accepts the financial commitment for counseling. Also, the client agrees to allow the counselor to contact the benefactor when there is a missed appointment. If the client does not show up for a scheduled appointment, the client will be responsible for the full session fee.*

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
**Benefactor**

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
**Client**

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
**Counselor**

After each session, the benefactor's credit card will be charged.  
Call Christian Counselors of Mooresville at 704-658-0238, if you have any questions.