



THE BARNABAS CENTER
A COUNSELING, TRAINING & TEACHING MINISTRY

CHURCH PAYMENT AGREEMENT FORM

All information is kept confidential

Client (Church Member) Information

Client Name: _____ Date: _____

Church Information

Church Name: _____

Church Address: _____

Church Contact Name: _____

Contact Position: _____

Contact Phone Number: _____

Individual Counseling Sessions are \$125 per hr. **Barnabas Scholarship Rate** _____

Please enter the following information based on your intentions to support the above named client:

Amount per session that the church will pay: _____

Amount per session that the client will pay: + _____
**we encourage a minimum of \$10/session for client to pay*

Total cost per session (\$_____) = _____

Total number of sessions the church will help support: _____

Group/Seminar _____ is \$_____.

Amount that church will pay: _____

Amount that client will pay: + _____
**we encourage a minimum of \$10/session for client to pay*

Total cost (\$_____) = _____

We, the above named church, agree to pay a total of \$_____ on behalf of the named client to be used expressly for the purpose of counseling sessions at The Barnabas Center. In accordance with The Barnabas Center's Cancellation Policy, we understand that the client will be billed for the full fee for any missed appointments that occur without 24 hour (business day) advanced notice of cancellation. We would like funds that we are contributing to be broken up as outlined above.

Church Contact Signature: _____ Counselor Name: _____

Client Signature: _____ Date: _____