



THE RELATIONSHIP CENTER

Springfield, MO

Phone: 855.593.4357 • Fax: 417.763.3331 • www.TheRelationshipCenter.us

"Biblically Christian, Clinically Proven"

WEEKLY PAYMENT AGREEMENT

Name: _____

Session Fee: \$ _____

Weekly Payment Towards Balance: \$ _____

Our Heart

The counselors of The Relationship Center desire that all persons who genuinely want help are able to receive it, regardless of their financial circumstances. It's out of this desire our counselors agree to accept a payment plan for their services, in qualifying situations, over time instead of at the time of service. We do so without charging any interest and with no maximum repayment term. We want you to be able to get the help you need.

Repayment Arrangement

- I understand that my counselor has agreed to accept payment for his or her services over time to allow me to get the help I am requesting in spite of my financial circumstances.
- I understand that my session fee of \$ _____ plus any other fees I incur for services, resources, or late cancellation will be charged to my account.
- I understand I will incur a debt to The Relationship Center which I agree to repay in weekly installments of \$ _____ until my account balance is satisfied.
- I understand if my balance is satisfied but I am continuing to schedule appointments I may accumulate a positive balance on my account to be used for future sessions. Any positive balance remaining at the end of my counseling will be returned to me by check.

Scholarship Form

To qualify for a payment plan or reduced fee you will need to complete the Strong Families Scholarship Application and supply the required supporting documents (previous year tax return and / or current pay stubs).

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