



## Authorization for Third-Party Payments

Sometimes someone other than the client chooses to pay for counseling. If you are that person, please fill out this form. Thank you.

Who is the person (or persons) for whom you will pay counseling costs? \_\_\_\_\_

What amount per session will you pay? \$\_\_\_\_\_

How many sessions will you pay for? \_\_\_\_\_

To whom, and to where, would you like us to mail billing statements?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

Your printed name (the name of the person who will make the payment):

\_\_\_\_\_

Your signature (the name of the person who will make the payment):

\_\_\_\_\_

Your phone number \_\_\_\_\_

Your email address \_\_\_\_\_

Today's date: \_\_\_\_\_