

Payment Agreement

Willow Tree Counseling

Client Name: _____ Date: _____
Address: _____ City/St/Zip: _____
Ph: _____ Email: _____

Balance Due on Account: _____

*An attached statement documenting the current balance due on account is included.

Will additional charges accrue on account due to ongoing services: ☐ Yes ☐ No

Estimated cost of additional charges: _____

\$ _____ Number of Estimated Sessions

\$ _____ Fee Per Session *(Actual fee per session will be based on the rate for indicated service at time service is provided and indicated value on payment agreement may not reflect changes in service fees)*

\$ _____ Estimated Cost of Upcoming Services

In order to be eligible for a payment agreement with Willow Tree Counseling, PLLC, it is understood that a credit card must be on file with Willow Tree Counseling and that the *(check one)*:

- ☐ Bi-weekly payment will occur on the _____ day of each month
- ☐ Monthly payment will occur on the _____ day of each month.
- ☐ The payment amount charged to the card on file will be for \$ _____.

The payment amount will automatically be charged on the above indicated day of each month. If the charge is declined it is understood that Willow Tree Counseling has the right to:

- Charge an additional \$50.00 charge for a declined charge
- May terminate the payment agreement
- May execute the full balance of the payment agreement based on the remaining balance due on the account

I, _____, authorize, Willow Tree Counseling, PLLC, to charge my credit card above for the balance due on my account for services provided. I understand that my information will be saved to file for future transactions on my account. I understand that I may cancel this authorization at any time by contacting Willow Tree Counseling, PLLC and understand that if a new recurring payment method is not provided that this agreement will be terminated and I will incur additional fees as noted above.

Customer Signature _____

Date _____

This portion will be detached by WTC and destroyed after information has been entered into the card processor secure website.

Recurring Credit Card Authorization Form

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express ☐ Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date: (MM/YY): _____ CVV Code: _____

Card Billing Address, City, State, Zip Code: _____