



**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 - 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: \_\_\_\_\_