



Financial Responsibilities Form

Supervision fees are auto-billed monthly – one month ahead for the month coming. Please provide complete payment information for billing which will occur on the 25th day of each month. VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS are accepted. Checks are not accepted.

Today's Date: _____

Cardholder Name as shown on card: _____

First Middle Initial Last

Email Address (for receipts-please print): _____

Type of Card: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: _____

Expiration Date: _____ CSV: _____ Billing Zip Code: _____

- I confirm that the information provided above is true and accurate.
- I understand that I will be billed in accordance with my 12-month contract.
- My signature below gives authorization to bill my credit card each month for supervision services. This authorization will remain in effect until cancelled.
- I understand that my information will be securely saved to file for future transactions on my account.

<input type="checkbox"/> Individual	<input type="checkbox"/> 1x monthly @ \$100 per session (60 minutes)	<input type="checkbox"/> 1x monthly @ \$115 per session (90 minutes)	<input type="checkbox"/> 2x monthly @ \$100 per session (90 minutes)
<input type="checkbox"/> Triadic	<input type="checkbox"/> 1x monthly @ \$70 per session (60 minutes)	<input type="checkbox"/> 1x monthly @ \$90 per session (90 minutes)	<input type="checkbox"/> 2x monthly @ \$90 per session (90 minutes)
<input type="checkbox"/> Group	<input type="checkbox"/> 1x monthly @ \$55 per session (90 minutes)	<input type="checkbox"/> 2x monthly @ \$55 per session (90 minutes)	
All Supervisees are eligible to receive a 20% discount on all CEU events. See www.CounselorEducationLC.com			

Supervisee Signature: _____