

BISHOP’S AUTHORIZATION FOR PAYMENT OF SERVICES

Client(s) Contact Information:

Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bishop Contact Information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ward:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred contact address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bishop’s Comments:

\*Ecclesiastical Discount: The Ecclesiastical Discount for a 75-minute Assessment Session is allocated at $150.00 per session billed to the ward (rather than $175.00). The Ecclesiastical Discount for a 60-minute Assessment Session is allocated at $125.00 per session billed to the ward (rather than $150.00). The Ecclesiastical Discount fee for a 50-minute Regular Session is allocated at $100.00 per session billed to the ward (rather than $125.00). The Ecclesiastical Discount is available for only 30 days after Billing Invoice date. If balance due remains unpaid after 30 days, the charges immediately revert to the full fee. After 60 days, a 10% Late Fee will be applied to the balance due.

Checks are gladly accepted. Please make checks payable to the meadows counseling, and mail payment on the Sunday immediately following receipt of Billing Invoice.

Bishop’s Signature: Date: