



THIRD-PARTY GUARANTEE OF PAYMENT

Guarantor, please fill out this box completely and *thank you* for your generous support of this client!

GUARANTOR INFORMATION

Organization: _____

Attention: _____

Address: _____

Phone Number: _____

Email (of invoice recipient): _____

_____ agrees to pay Revision Christian
[Name of individual or organization guaranteeing payment (Guarantor)]

Counseling, LLC toward the cost of counseling for _____
[Name of client(s)]

for _____ sessions in the amount of \$ _____/session.
[Number of approved sessions] [Dollar amount per session]

Please note that Revision prefers to send email invoices rather than mail. Please include above the email address of the person who should receive the invoices. Payments for counseling services should be made payable to "Revision Christian Counseling" upon receipt of invoice and mailed to Revision Christian Counseling at 5757 S. Lindbergh Blvd. Suite 200, St. Louis, MO 63123.

As the individual guarantor or a representative of the above named organization, I agree to pay the amount listed above for counseling services rendered by Revision Christian Counseling.

Signature of Guarantor

Date

It is the responsibility of the client to ensure that this form is completed and returned to Revision prior to the first applicable session.

As the client and recipient of financial aid toward counseling services, I understand that the above named guarantor is not responsible to pay when I do not show up for a scheduled session without giving my counselor the requested 48 hours' advanced notice. I understand that I will be fully responsible to pay my counselor for the missed session.

Signature of Client

Date

Counselor Name: _____

Client Number: _____