



Healing Hearts • Restoring Relationships • Liberating Lives

Third-Party Guarantee of Payment Form

It is the responsibility of the client to ensure that this form is completed and returned to Wellspring Christian Counseling 7 days prior to the first applicable session.

[Name of organization guaranteeing payment (Guarantor)]

Agrees to pay Wellspring Christian Counseling the cost of Biblical counseling for

[Name of individual (s)]

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

Payments for Biblical counseling services will be made payable to “Wellspring Christian Counseling” upon receipt of invoice and mailed to the address listed above.

If the client and the counselor deem additional sessions are necessary, Wellspring Christian Counseling will contact the guarantor in advance for approval. If the guarantor approves further sessions, a new “Guarantee of Payment” form will be secured.

Signature of Guarantor

Date

Please send all invoices for services to us at:

Organization: _____

Attention: _____

Address: _____

Telephone Number: _____

Please Note: _____

1400 Elbridge Payne Road, Suite 200 • Chesterfield, MO 63017 • Office (636) 449-1250 • Fax (636) 449-1268

www.Wellspringstl.org

Arnold * Chesterfield * Creve Coeur * DeSoto * Ferguson * Harvester * Hillsboro * Maplewood * O'Fallon * St. Louis * Wentzville