



Stress Management Family Counseling Center

300 E. Boardwalk Drive, Building 5A

Fort Collins, CO 80525

AGREEMENT OF FINANCIAL RESPONSIBILITY

I, _____, accept full financial responsibility for any charges incurred by my son/daughter, _____ at Stress Management Family Counseling Center.

I understand that I will receive monthly billing statements and payment will be due within 30 days.

If for any reason I am unable to make payment, I will immediately contact the **Office Manager at 970-223-2256 ext. 8** to make additional arrangements for payment.

I understand if I do not meet the terms of this financial agreement, the delinquent account may be forwarded to the credit bureau and collection agency.

Parent Name _____

Parent Social Security Number _____

Address _____

City, State, Zip _____

Telephone Number _____

Parent Signature Date

Office Manager Date