



Peace of Mind Counseling, Consulting, and Supervision LLC  
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**“Personal Payment Plan”**

The Peace of Mind CCS LLC “Personal Payment Plan” is designed to allow POM clients the financial flexibility to fulfill the financial obligations of the therapeutic contract under mutually agreed-upon terms much more convenient than some standard payment agreements would allow.

By signing below, I agree to the “Personal Payment Plan” terms indicated below. **Unless otherwise noted in an addendum to this agreement**, this means that I acknowledge:

- My credit, debit, or HSA/FSA card will be charged by the End of Business on the agreed Payment Date.
- Two (2) attempts will be made to charge my card on the agreed Payment Date.
- If my card is unable to be charged, I will be notified by text or email within seven (7) days.
- Two (2) missed Payment Dates will result in the review of the “Personal Payment Plan” and the counseling contract. Five (5) missed Payment Dates will result in the temporary suspension of the counseling contract until payments resume.

(Sign) \_\_\_\_\_

(Date) \_\_\_\_\_

**I agree to pay:**

**Per:**

\_\_\_\_\_

(Amount)

\_\_\_\_\_

(Unit of Time)

**To be paid on the:**

\_\_\_\_\_

(Payment Date)

**With:**

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

(for receipt)