

STRIDES TO SOLUTIONS  
**PAYMENT PREFERENCE FORM**

Client Name:

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***Please Check One Options:***

Yes, I intend to pay for services by check at each session.

Yes, I intend to pay for services by cash at each session.

Yes, I intend to pay for services by paybox at each session.

Yes, I would like to make another arrangement at each session.

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Client Signature

Date

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Signature of Parent if Client is a minor

Date

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