



Janna M. Larsen, CHT • 227 North 850 West, Orem, UT 84057 • (801) 680-3611 • jannalarsen@gmail.com

Pay Agreement for Services: Stake President, Bishop, Parent or Guardian

Rendered by: Janna M. Larsen CHT

I, _____, agree to reimburse Janna M. Larsen CHT
on behalf of _____ (Client) for services
provided by Janna M. Larsen CHT in the amount of:

\$ _____, or until _____ date.

I agree to pay the entire balance on a monthly basis.

Signed: _____

Date: _____

Phone: _____

Email: _____

Address to send billings: _____

If you wish to receive confidential reports of client progress, please have the client fill out, sign, and return, the attached: AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION