



I hereby guaranty payment for any fees, expenses or costs related to the services received from Rachel E.S. Wright, Inc. or Rachel E.S. Wright, LCSW (individually or collectively "Provider"). I understand that I am directly and fully responsible to Provider for all bills submitted by Provider for services rendered to me. Further, this agreement is made solely for Provider's additional protection and in consideration of Provider's forbearance on receipt of payment.

Client name (Printed)

Date

Client name (Signature)