

**Naira Velumyan, PhD**  
**Registered Psychotherapist**

212 Avenue Road,  
Toronto, Ontario  
M5R 2J4

(647) 460-34-30  
[naira.velumyan@gmail.com](mailto:naira.velumyan@gmail.com)  
nairavelumyan.com

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**Payment Information**

Payee Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

(if different from above)

I will be paying for sessions by: Credit Card/Cheque/Cash/ (please circle one)

Credit Card Information: Master Card/Visa (please circle one)

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

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ (M/Y)

Card Security Code (CSC): \_\_\_\_\_

Payment is accepted at the beginning of each scheduled appointment. If you are paying by credit card your account will be charged via PayPal, no PayPal account is required. The name on your credit card statement will show as Naira Velumyan.

*Acknowledgement*

I have read, asked questions that I needed to, and I understand the informed consent document. I agree with fee policies including cancelled and missed appointments.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date