

Sample Essential Form

Payment Plan Agreement

I, _____ understand there is an outstanding balance still owed on my account to (Community Name) in the amount of \$ _____. I agree that this amount is accurate. I also agree to make the following payments by the date specified, until the amount owed is paid in full.

Due Date	Payment Amount	Date Paid	Associate Initial
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Should I fail to make any of my scheduled payments, I understand that my account will immediately be turned over to a collection agency who will collect the remaining balance. If any part of this agreement needs to be altered, I understand I must contact the community's office prior to the date of the expected payment to avoid further action on my account.

Please contact the community's office with any further questions or concerns regarding this account.

Thank you,

Associate (Printed Name)

Associate (Signature)

Resident (Printed Name)

Resident (Signature)