

Payment Plan Agreement

Date _____
Client's Name _____
Phone Number _____
Service(s) _____
Total \$ _____
Amount Paid \$ _____
Balance \$ _____

Number of Scheduled Payments _____

	\$Amount	Date Due
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

I _____ agree to the payment scheduled as outlined above.
(Client Name)

Signatures

_____	_____
(Client)	(Date)
_____	_____
(Taylorred Counseling)	(Date)