Payment Plan Contract

Student Name _____

I, _____ agree to make payments on the specified dates and the agreed amount stated on the payment schedule below. I agree to pay my balance in full.

Total amount owed $ _____ (Beginning Balance)

Date	Payment Amount	Balance
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$