



PAYMENT PLAN AGREEMENT

Name: _____

Pre-Authorized Debit Form Submitted

Pre-Authorized Debit Form Previously Submitted and Banking Information Remains

the Same

I will pay the remaining balance in installments as follows:

#	PAYMENT DATE: (on or before)	AMOUNT:		PAYMENT DATE: (on or before)	AMOUNT:
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

Certificate(s)/Information(s) #: _____

I understand and agree that if I do not make these monthly payments my payment plan agreement may be terminated without notice.

Signature of Defendant

Date