

Balance Payment Plan Contract

Plan Status (Circle One): ONLY FOR CURRENT MONTH OR ON-GOING

Name(s) on Account: _____

NOBTS ID Number: _____

Balance due \$ _____ must be paid in full by the end of the month for services to continue. If you would like to complete the payment in increments, indicate this below. If you have another explanation of payment, please write it here:

I promise to pay \$ _____ on ____/____/____ I promise to pay \$ _____ on ____/____/____

I promise to pay \$ _____ on ____/____/____ I promise to pay \$ _____ on ____/____/____

I promise to pay \$ _____ on ____/____/____ I promise to pay \$ _____ on ____/____/____

I promise to pay \$ _____ on ____/____/____ I promise to pay \$ _____ on ____/____/____

Failure to make any of these payments by the date indicated will result in termination of payment plan. Client understands that the balance due does not include the monthly tuition unpaid by CCAP over the course of the payment plan.

Responsible Party #1

Responsible Party #2

Signature

Signature

Date

Date

ELC Bookkeeper

Date

EACH MONTH'S PAYMENT ARRANGEMENT SHOULD COVER THE FULL TUITION PLUS 25%