



PAYMENT PLAN AGREEMENT

Date: _____

I _____, as client for county credit corporation do hereby agree to pay for credit counseling and financial education services as follows.

Total Due: _____ + _____ /month+ _____ Item: _____

Amount Paid: _____ Date: _____ Balance: _____

Amount Paid: _____ Date: _____ Balance: _____

Amount Paid: _____ Date: _____ Balance: _____

Amount Paid: _____ Date: _____ Balance: _____

Amount Paid: _____ Date: _____ Balance: _____

Client Signature: _____ Date: _____

Client Name: _____

File No: _____

