



Fee Installment Program Contract

By this contract, (Client's Name) _____, agrees to make fee installments to the H.A. Leeper Speech and Hearing Clinic, by the following schedule in exchange for:

Speech Services: _____

Audiology Services: _____

This fee instalment schedule is enforceable by law, and the methods described below will be used in cases of delinquent payment.

By this agreement, it is agreed that a total of \$ _____ will be processed by the H.A. Leeper Speech and Hearing Clinic every _____ until the total of the payment required of \$ _____, has been collected.

Fee installments will be processed by [] Visa [] MasterCard [] Cheque

Card Name: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

The fee installment plan will take the following form (payment schedule can modified as needed).

Table with 2 columns: Payment Date and Amount. Rows for 1st through 6th payments.

These payments do not include other charges that may apply. Once the account is paid the card information will be deleted.

This agreement is binding, and failure to meet its terms will allow the H.A. Leeper Speech and Hearing Clinic to take further courses of action.

Late instalments will incur a fee of \$5.00 every month. Insufficient funds will incur a fee of \$25.00. If payment should not be delivered at all, the H.A. Leeper Speech and Hearing Clinic will be entitled to contact a debt collection service.

By signing this agreement, all parties agree to the terms as described above. Alterations to this agreement can only be made by both parties and must be placed in writing. Both parties will receive a printed copy of this agreement and will be responsible for upholding its terms.

Client's Signature: _____ Date: _____

Clinic Manager Signature: _____ Date: _____