



PAYMENT AGREEMENT FOR PAST SERVICES

This agreement is to rectify past service fees accrued during therapy. The agreement of payment is between _____ (client name) and _____ (therapist name/practice).

The terms start on _____ (date) and completed on _____ (date). The total amount of past service fees accrued is \$_____.

_____ (name of client) agrees to pay \$_____ on the _____ of _____ (day designated of each month). The total payment of the total amount due is scheduled to be complete on _____ (date).

This is a binding agreement. It can be terminated by the mutual agreement of the two assigned parties. Failure to comply may result in further course of action by _____ (therapist name/practice).

Printed name of therapist

Signature of therapist

Date

Printed name of client

Signature of client

Date