

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 terminate 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