

# Payment agreement form

Date: \_\_\_\_\_

I understand and agree that I am financially responsible for payment of all services received in the amount stated below. I agree to pay that total in full in the time period stated below. I understand that any remaining balance not paid in full will accrue a monthly service charge at 1.5% (minimum monthly service charge of \$1). For veterinary and professional services rendered, I agree to pay ABC Animal Hospital the total sum of \$ \_\_\_\_\_.

<b>1</b> \$ _____ Check # _____ Deposit: _____ Client's initials _____	<b>2</b> \$ _____ Check # _____ Deposit: _____ Client's initials _____	<b>3</b> \$ _____ Check # _____ Deposit: _____ Client's initials _____
<b>4</b> \$ _____ Check # _____ Deposit: _____ Client's initials _____	<b>5</b> \$ _____ Check # _____ Deposit: _____ Client's initials _____	<b>6</b> \$ _____ Check # _____ Deposit: _____ Client's initials _____

I understand that each held check is charged a \$2 service charge in lieu of the monthly service charge. I understand that if the bank should fail to honor any check held as detailed above, the entire unpaid balance shall be considered in default. The client will be charged a returned check fee of \$18 for each check returned and a monthly service charge of 1.5% (minimum of \$1) will be charged on the remaining balance. I also understand that if ABC Animal Hospital makes an erroneous deposit of any check listed above, that said facility will be responsible for any fees levied by the bank. I have read and understand the terms of this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Contact information verification

Address: \_\_\_\_\_ City, state, zip code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Alternate contact: \_\_\_\_\_  
Place of employment: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

I do hereby verify the above information is true and correct. I also agree to update records at ABC Animal Hospital if any of the above information changes at any time during the above payment agreement time frame.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Staff witness signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Legal counsel should review your payment agreement form to ensure it complies with local, state, and federal law.