

The Lakes of South Shore Harbour C.A. Inc.
Payment Arrangement Form

Name on Account: _____

Address: _____

Email Address: _____ Phone: _____

Reason for requesting a payment plan: _____

Terms of payment plan- initial payment of 25% of balance owed, remaining balance + \$100.00 one-time payment arrangement fee will be divided over a Six-month period. The monthly installment payment will be due by the 1st of each month. If payment is not received by the 10th of the month, you will be in default, and this arrangement will be void.

1st Installment _____

Monthly Installment Amount (6) _____

By submitting this request form I agree to pay the balance on my account and also agree to keep current on my payment plan. I understand the Association will pursue legal action to collect the debt if I default on the payment plan. I acknowledge and understand this is an attempt to collect a debt, and any information obtained will be used for that purpose.

Owners' signature below acknowledges agreement with the balance due as stated above. Owners' signature below acknowledges agreement with the balance due as stated above.

Although payments will be applied pursuant to Section 209.0063 of the Texas Property Code, the parties to this agreement expressly stipulate that any late charges, interest, collection costs, attorney's fees or other costs or fees which have accrued on this account and are part of the balance at the time of the signing of the agreement and as stated above are valid, due and payable by Owner(s). Should Owner(s) default on the terms of this agreement, Owner(s) hereby acknowledge responsibility for payment of the remainder of the balance due as stated above.

Homeowner Signature: _____ Date _____

Homeowner Signature: _____ Date _____

Agent/ Principle Signature: _____ Date _____