

Payment Plan Agreement

I, _____, agree to remit the following payments to **Villar Neuropsychology**:

	Amount	Due Date	Payment Date	Form of Payment	Follow-up
Payment #1					
Payment #2					
Payment #3					
Payment #4					
Payment #5					

This payment plan is **interest free** and free of billing charges for the payment period; however, I understand that in the event any of my payment is more than **30 days** late, **Villar Neuropsychology** will add a late fee of **\$25.00**.

Method of Payment:

Personal Check(s) Cash Credit

Credit Card (Check One):

Visa Mastercard

Credit Card Authorization:

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

I, _____, authorize Villar Neuropsychology to keep my signature on file and to charge my payments to the credit card selected above. Today's Date: _____

Signature of Responsible Party/Card Holder: _____ Witness: _____

Billing Address: _____

Print Name of Responsible Party/Card Holder: _____

Print Patient Name (if different): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____