 Payment Plan Agreement

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rates Assessment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Arrangement Summary** |
| Start Date: |  |
| End Date: |  |
| Amount: |  |
| Frequency: |  |

**Detailed Payment Schedule:**

|  |  |  |
| --- | --- | --- |
| **Payment Date** | **Payment Amount** | **Balance Outstanding** |
| Opening Balance | 2024/25 Rates Amount Outstanding |  |
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*\*\* Interest will apply upon defaults of this plan.*

**Applicant**

Signature: Date:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shire Representative**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NB: Application is not confirmed until signed by both parties.*

*A copy of the signed agreement will be returned to the applicant.*