



## Payment Agreement

This payment agreement plan is made between \_\_\_\_\_ and Psychology Associates of Chester County, Inc. wherein the payee named above agrees to make payments in accordance with the terms provided below:

\$ \_\_\_\_\_ to be paid on or before the first of every month starting \_\_\_\_\_ until the outstanding balance is paid in full which is currently \$ \_\_\_\_\_. I authorize Psychology Associates of Chester County, Inc. to make these payments as specified using the account listed below.

Card Type:  Visa  MasterCard  Discover

Credit / Debit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
3 Digit Security Code: \_\_\_\_\_

Please note that failure to enter into a payment agreement may result in your account being referred to collections.

I have read the payment agreement and agree with all of the terms.

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

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

Return to:

Psychology Associates of Chester County, Inc.  
273 W. Uwchlan Avenue  
Downingtown, PA 19335