

# Payment Plan Agreement

Client/Principal Name: \_\_\_\_\_

Balance Owed on Bond: \_\_\_\_\_

I agree to the following payments:

\_\_\_\_\_ (amount) per week until balance is paid in full. \_\_\_\_\_ Number of payments

\_\_\_\_\_ Date of first payment due

**Payments via CashApp to \$1stStopBonding – must include client/principal name.**

Credit Card:

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

I authorize 1<sup>st</sup> Stop Bonding to keep my signature on file and to charge payments to the card listed above.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Card Holder

\_\_\_\_\_  
Relationship to Client/Principal

\_\_\_\_\_  
Address of Cardholder

\_\_\_\_\_  
City/State/Zip

Telephone Number: \_\_\_\_\_

Agent: \_\_\_\_\_

1<sup>st</sup> Stop Approval: \_\_\_\_\_

Required for balances over \$2,500.00

Balances \$1-\$2,499.00 – Repayment no longer than 6 months

Balances \$2,500.00 and over – Repayment no longer than 12 months and must have 1<sup>st</sup> Stop approval