

Payment Agreement

I understand that this agreement is a binding contract of payment for Maternal Wisdom, provided by Chana Luba Ertel. I understand that any late payments will incur a 10% biweekly late fee. I understand that failure to make payments according to this agreement can result in legal action. If you foresee a problem making a payment please contact me ASAP to discuss it. (Please limit your plan to three months, if possible, till the date of training/services.)

Payment plan for

(Print your name)

DATE	AMOUNT TO BE PAID
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Your Signature)

I, Chana Luba Ertel of Maternal Wisdom, accept the payment plan stated and signed above.

(Chana Luba Ertel)