

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. I will give post dated checks before the end of the training. 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)

<u>DATE</u>	<u>AMOUNT TO BE PAID</u>

(Your Signature)

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

(Chana Luba Ertel)