

Monthly Payment Plan Agreement

Owner's Name _____ Phone # _____

Property Address _____ Plat# _____

Owner's Mailing Address _____

City _____ State _____ Zip Code _____

As the owner of the property referenced above, I understand my obligation to pay the annual maintenance dues to the North Hollow Civic Association (NHCA) and that failure to pay the annual dues could result in legal action and any and all recovery costs for any past due amount owed to the NHCA. Also any default of this payments agreement could result in legal action.

A minimum payment of \$55.00 or no more than four (4) equal monthly payments of the outstanding balance is required to initiate this payment plan agreement.

Payments must be paid by the 15th of each month to keep this payment agreement in effect.

\$ _____ Payment that accompanies this agreement.

Balance Due _____ This _____ Day of _____, 20 _____.

\$ _____ Monthly payment

The above payment Agreement must be approved by the North Hollow Civic Association (NHCA) Board of Directors or its designated representative and any alteration of this agreement must be approved by NHCA Board of Directors or its designated representative.

As is evidenced by my signature on this Agreement, I hereby fully understand the following conditions:

1. **Finance charges will continue to accrue on the unpaid balance.**
2. **A \$5.00 administrative fee will be assessed for each payment handled by Community Asset Management (CAM), the NHCA management group.**
3. **There is also a \$25.00 administrative charge payable to Community Asset Management for each executed payment plan. The NHCA does not receive any funds from these administrative charges by the NHCA management group.**
4. **I may pay the outstanding balance at any time during the term of this Agreement without penalty.**
5. **If I meet the terms of this Agreement, the NHCA will not take any legal action against me to collect the amount currently owed.**

Owner Signature _____ Signature Printed _____

Payment Plan Acceptance Date _____ Accepted by: _____

NHCA Approval by _____ Signature Printed _____

NHCA Approval Date _____