

2020
StillWaters Residential Association Payment Arrangement
Promissory Agreement

DATE: _____

RESPONSIBLE PARTY NAME _____

RESPONSIBLE PARTY ADDRESS _____

PHONE Home _____ Cell _____

PLACE OF EMPLOYMENT _____

Phone _____

PROPERTY (S) Account # _____

PAYMENT PLAN FEE \$ 50.00

ACCOUNT BALANCE \$ _____

I, _____, agree to pay \$ _____ immediately and \$ _____ per month beginning in _____ and on the 10th day of each month thereafter until the balance of \$ _____ is paid in full to Stillwater's Residential Association by _____ 2020.

I, the undersigned, accept the fee(s) charged as a legal and lawful debt and agree to pay said fee(s), including the costs of collection, attorney fees, and/or court costs, if such are necessary. I waive, now and forever, my right of exemption under the laws of the Constitution of the State of Alabama and any other State.

Signature of Owner _____ Date: _____