



StillWaters Residential Association

1816 Stillwaters Dr.
Dadeville, AL 36853
Phone 256-825-2990 Fax 256-825-2991
Email info@stillwatersra.com

**Payment Arrangement
Promissory Agreement**

Date				
Responsible Party				
Last Name		First Name		
Address		City	State	Zip
Phone (Home)	Phone (Cell)		Email Address	
Place of Employment				
Employer Name	City	State	Zip	Phone

I, _____ Agree to pay \$ _____ Immediately and \$ _____ Per month

Beginning in _____ And on the 10th day of each month thereafter until the balance of \$ _____
Date

is paid in full to StillWater's Residential Association by _____ 20 _____

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.

Owner		
Printed Name	Signature	Date
Witness		
Printed Name	Signature	Date