

**Payment Plan Agreement
For
Savannah Place Homeowners Association**

The maximum number of payments permitted 6 (six) equal monthly payments. You may make fewer equal monthly payments.

There is a one-time \$25.00 administration fee which must be included with the first payment and a \$5.00 processing fee for each payment made. There will be a grace period of 3 (three) business days from the due date you have selected. If your payment is received past this grace period you will be deemed in default of the payment plan agreement and will no longer be eligible to participate.

I, Ms. _____ and I, Mr. _____ owner(s) of the property located at (Street Address) _____ (City) _____ acknowledge that I fully understand and agree to the terms and conditions set forth herein:

Payment 1 Date _____
_____ plan payment + 30.00 (Administrative/Processing fee) = _____ Total for this payment.

Payment 2 Date _____
_____ plan payment + 5.00 (Administrative/Processing fee) = _____ Total for this payment.

Payment 3 Date _____
_____ plan payment + 5.00 (Administrative/Processing fee) = _____ Total for this payment.

Payment 4 Date _____
_____ plan payment + 5.00 (Administrative/Processing fee) = _____ Total for this payment.

Payment 5 Date _____
_____ plan payment + 5.00 (Administrative/Processing fee) = _____ Total for this payment.

Payment 6 Date _____
_____ plan payment + 5.00 (Administrative/Processing fee) = _____ Total for this payment.

Grand Total for Payment Plan = _____

Please make your check payable to Savannah Place Homeowners Association at FirstService Residential 910 Pierremont Road, Suite 410 Shreveport, LA 71106

If a Payment Plan is voided, the full amount due by the owner shall immediately become payable. If the full amount is not paid, the Association will continue, without further notice, the process for collecting the monies owed using all remedies available under the Deed Restrictions and the law.

Should the Owner sell their home prior to the full amount due being paid per the payment plan, the full amount owing shall become payable at the time of closing.

Name _____
(Print)

Signature _____

Email _____ Telephone# _____

Date _____

On completion of this agreement, please either mail it to FirstService Residential 910 Pierremont Road, Suite 410 Shreveport, LA 71106 or email it to answers.tx@fsresidential.com.